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#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 1. | Your full name  |   |   |
|    | Write the name that is on your government-issued picture identification (for example, | ROBERT<br>First Name  | First Name                                    |
|    | your driver's license or passport).   | Middle Name   | Middle Name                                   |
|    | ,   | BRUCE   |   |
|    | Bring your picture identification to your meeting                                     | Last Name   | Last Name                                     |
|    | with the trustee.   | Suffix (Sr., Jr., II, III)  | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |   |   |
|    | have used in the last 8 years   | First Name  | First Name                                    |
|    | Include your married or   | Middle Name   | Middle Name                                   |
|    | maiden names.   | Last Name   | Last Name                                     |
| 3. | Only the last 4 digits of   |   |   |
|    | your Social Security  | $xxx - xx - \underline{5}  \underline{0}  \underline{1}  \underline{1}$ | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer  | OR  | OR  |
|    | Identification number   | 9xx - xx -  | 9xx - xx -                                    |

(ITIN)

| Debtor 1 ROBERT BRUCE |                    | ROBERT BRUCE                                   |  | Case number (if known)  |  |  |
|-----------------------|--------------------|--|--|---|--|--|
|                       |                    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| 4.                    | and Em             | nsiness names                                  | ✓ I have not used any business names or I  | EINs.   |  |  |
|                       | (EIN) y            | cation Numbers<br>ou have used in<br>t 8 years | Business name  | Business name   |  |  |
|                       |                    | trade names and                                | Business name  | Business name   |  |  |
|                       | doing b            | usiness as names                               | Business name  | Business name   |  |  |
|                       |                    |  | EIN  | <del>_</del>  |  |  |
|                       |                    |  | <b>-</b>   | <del>_</del>  |  |  |
| 5.                    | Where              | you live                                       |  | If Debtor 2 lives at a different address:   |  |  |
|                       |                    |  | 103 West Albermarle Avenue Number Street   | Number Street   |  |  |
|                       |                    |  |  | _   |  |  |
|                       |                    |  | Lansdowne PA 19050-11  |   |  |  |
|                       |                    |  | City State ZIP Code  DELAWARE  | City State ZIP Code   |  |  |
|                       |                    |  | County   | County  |  |  |
|                       |                    |  | If your mailing address is different from<br>the one above, fill it in here. Note that the<br>court will send any notices to you at this<br>mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |  |  |
|                       |                    |  | Number Street  | Number Street   |  |  |
|                       |                    |  | P.O. Box   | P.O. Box  |  |  |
|                       |                    |  | City State ZIP Code  | City State ZIP Code   |  |  |
| 6.                    |                    | ou are choosing                                | Check one:   | Check one:  |  |  |
|                       | this dis<br>bankru | strict to file for<br>ptcy                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                              |  |  |
|                       |                    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |
| Р                     | art 2:             | Tell the Court Ab                              | oout Your Bankruptcy Case  |   |  |  |
| 7.                    | Bankru             | apter of the                                   | Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the to   | e Notice Required by 11 U.S.C. § 342(b) for Individuals Filing p of page 1 and check the appropriate box.   |  |  |
|                       | are cho<br>under   | oosing to file                                 | Chapter 7  |   |  |  |
|                       |                    |  | Chapter 11   |   |  |  |
|                       |                    |  | Chapter 12   |   |  |  |
|                       |                    |  | Chapter 13   |   |  |  |

| Deb | otor 1 <b>F</b>        | OBERT BRUCE                           |                         |                                 |   | C:   | ase numb                        | per (if known)                                       |   |                     |
|-----|------------------------|---------------------------------------|-------------------------|---------------------------------|---|--|---------------------------------|--|---|---------------------|
| 8.  | How you                | w you will pay the fee                |                         | court fo<br>pay with            | or more details abou<br>h cash, cashier's ch                        | t how you may pay.                               | Typically<br>. If your a        | , if you are pay<br>attorney is subr                 | e clerk's office in you<br>ing the fee yourself, y<br>nitting your payment<br>ited address.         | ou may              |
|     |                        |                                       |                         |                                 |   | <b>stallments.</b> If you c                      |                                 |  | and attach the Applica  | ation for           |
|     |                        |                                       | _                       | By law,<br>than 15<br>fee in ir | , a judge may, but is<br>50% of the official ponstallments). If you | not required to, waiv<br>overty line that applie | e your fe<br>to your<br>ou must | e, and may do<br>family size and<br>fill out the App | rou are filing for Chap<br>so only if your incom<br>d you are unable to p<br>lication to Have the C | e is less<br>ay the |
| ban | Have you               |                                       |                         | No                              |   |  |                                 |  |   |                     |
|     | bankrupt<br>last 8 yea | rruptcy within the<br>8 years?        |                         | Yes.                            |   |  |                                 |  |   |                     |
|     |                        |                                       | Distri                  | ct                              |   |  | When _                          | MM / DD / YYYY                                       | Case number   |                     |
|     |                        |                                       | Distri                  | ct                              |   |  | When                            | MM / DD / YYYY                                       | Case number   |                     |
|     |                        |                                       | Distri                  | ct                              |   |  | When                            |  | Case number   |                     |
| 10. | Are any b              | pankruptcy                            | $\overline{\mathbf{A}}$ | No                              |   |  |                                 |  |   |                     |
|     | •                      | pending or being<br>y a spouse who is |                         | Yes.                            |   |  |                                 |  |   |                     |
|     | not filing             | this case with y a business           | Debt                    | or                              |   |  |                                 | Relationsh   | ip to you   |                     |
|     | partner, o             |                                       | Distri                  | ct                              |   |  | When _                          |  | Case number,  |                     |
|     | affiliate?             |                                       |                         |                                 |   |  | N                               | MM / DD / YYYY                                       | if known  |                     |
|     |                        |                                       | Debt                    | or                              |   |  |                                 | Relationsh   | ip to you   |                     |
|     |                        |                                       | Distri                  | ct                              |   |  |                                 |  | Case number,  |                     |
|     |                        |                                       |                         |                                 |   |  |                                 | MM / DD / YYYY                                       |   |                     |
| 11. | Do you re<br>residence | -                                     |                         |                                 | Go to line 12.<br>Has your landlord ol                              | otained an eviction ju                           | ıdgment a                       | against you?   |   |                     |
|     |                        |                                       |                         | [                               | _   |  |                                 | ion Judgment   | Against You (Form 10  | 01A)                |

| Debtor 1 |   | ROBERT BRUCE                                  |  | Case number (if known)  |  |                                |                         |                                  |
|----------|---|---|--|---|--|--------------------------------|-------------------------|----------------------------------|
| Pá       | Part 3: Report About Ar   |   | ıy Bı                                    | ısine   | sses You Own as a Sole Proprietor  |                                |                         |                                  |
| 12.      | -   | a sole proprietor<br>ull- or part-time<br>ss? |  |   | Go to Part 4.<br>Name and location of business   |                                |                         |                                  |
|          | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. |   |  |   | Name of business, if any  Number Street  |                                |                         |                                  |
|          |   |   | rietorship, use a<br>sheet and attach it |   | City  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A) Commodity Broker (as defined in 11 U.S.C. § 100 None of the above | § 101(27A))<br>C. § 101(51B))  | ZIP Co                  | de                               |
| 13.      | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i>   |   | can<br>mos                               | <i>set ap</i><br>st recei   | filing under Chapter 11, the court must know whether yer<br>propriate deadlines. If you indicate that you are a smant<br>balance sheet, statement of operations, cash-flow states<br>these documents do not exist, follow the procedure in | ll business de<br>atement, and | btor, you<br>federal in | must attach your come tax return |
|          | debtor?   | $\overline{\mathbf{A}}$                       | No.                                      | I am not filing under Chapter 11.   |  |                                |                         |                                  |
|          | For a definition of small business debtor, see  |   | No.                                      | I am filing under Chapter 11, but I am NOT a small but the Bankruptcy Code. | usiness debtor   | accordin                       | g to the definition in  |                                  |
|          | 11 U.S.   | C. § 101(51D).                                |  | Yes.  | I am filling under Chapter 11 and I am a small busines<br>Bankruptcy Code.   | ss debtor acco                 | ording to the           | ne definition in the             |
| Pa       | art 4:  | Report If You Ov                              | vn oı                                    | r Hav   | e Any Hazardous Property or Any Propert  | y That Nee                     | ds Imm                  | ediate Attention                 |
| 14.      | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |   |  | No<br>Yes.  | What is the hazard?  |                                |                         |                                  |
|          |   |   |  |   | If immediate attention is needed, why is it needed?  |                                |                         |                                  |
|          | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   |  |   | Where is the property?  Number Street  |                                |                         |                                  |
|          |   |   |  |   | City   |                                | <br>State               | ZIP Code                         |

Debtor 1 **ROBERT BRUCE** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling 15. Tell the court About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): whether you You must check one: You must check one: have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about counseling agency within the 180 days before I counseling agency within the 180 days before I credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment The law requires plan, if any, that you developed with the agency. plan, if any, that you developed with the agency. that you receive a ☐ I received a briefing from an approved credit □ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I counseling before filed this bankruptcy petition, but I do not have filed this bankruptcy petition, but I do not have you file for a certificate of completion. a certificate of completion. bankruptcy. You Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, must truthfully you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment check one of the plan, if any. plan, if any. following choices. If you cannot do so, ☐ I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling you are not eligible services from an approved agency, but was services from an approved agency, but was to file. unable to obtain those services during the 7 unable to obtain those services during the 7 days after I made my request, and exigent days after I made my request, and exigent If you file anyway, circumstances merit a 30-day temporary circumstances merit a 30-day temporary the court can waiver of the requirement. waiver of the requirement. dismiss your case, To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the you will lose requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what whatever filing fee efforts you made to obtain the briefing, why you efforts you made to obtain the briefing, why you you paid, and your were unable to obtain it before you filed for were unable to obtain it before you filed for creditors can begin bankruptcy, and what exigent circumstances bankruptcy, and what exigent circumstances collection activities required you to file this case. required you to file this case. again. Your case may be dismissed if the court is Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, You must file a certificate from the approved agency, along with a copy of the payment plan you along with a copy of the payment plan you developed, if any. If you do not do so, your case developed, if any. If you do not do so, your case may be dismissed. may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. ☐ I am not required to receive a briefing about ☐ I am not required to receive a briefing about credit counseling because of: credit counseling because of: ☐ Incapacity. I have a mental illness or a mental ☐ Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. □ Disability. My physical disability causes me □ Disability. My physical disability causes me to be unable to participate in a to be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

| Debtor 1                            |  | ROBERT BRUCE  | Case number (if known) |  |                     |  |       |  |  |
|-------------------------------------|--|---|------------------------|--|---------------------|--|-------|--|--|
| P                                   | art 6:   | Answer These Q  | uesti                  | ions for Reporting   | Purpos              | es   |       |  |  |
| 16. What kind of debts do you have? |  |   | 16a.                   |  | dividual pr<br>16b. | sumer debts? Consumer de imarily for a personal, family,   |       | ure defined in 11 U.S.C. § 101(8) usehold purpose."  |  |
|                                     |  |   |                        | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17. |                     |  |       |  |  |
|                                     |  |   | 16c.                   | State the type of deb  | ts you owe          | e that are not consumer or bu  | sines | s debts.   |  |
| 17.                                 | 17. Are you filing under Chapter 7?                  |   |                        | No. I am not filing u  | nder Chap           | ter 7. Go to line 18.  |       |  |  |
|                                     | any exe<br>exclude<br>adminis<br>are paid<br>availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution cured creditors? |                        | ŭ  | •                   |  | •     | xempt property is excluded and to distribute to unsecured creditors?   |  |
| 18.                                 |  | any creditors do<br>imate that you  |                        | 1-49<br>50-99<br>100-199<br>200-999  |                     | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |       | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |
| 19.                                 |  | uch do you<br>e your assets to<br>h?  |                        | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |                     | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| 20.                                 |  | uch do you<br>e your liabilities to   |                        | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |                     | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |

| Debtor 1 | ROBERT BRUCE |  | Case number (if known)   |  |  |  |
|----------|--------------|--|--|--|--|--|
| Part 7:  | Sign Below   |  |  |  |  |  |
| For you  |              | I have examined this petition, and I decand correct.   | clare under penalty of perjury that the information provided is true   |  |  |  |
|          |              | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |  |  |  |
|          |              |  | not pay or agree to pay someone who is not an attorney to help me and read the notice required by 11 U.S.C. § 342(b).                          |  |  |  |
|          |              | I request relief in accordance with the o  | chapter of title 11, United States Code, specified in this petition.   |  |  |  |
|          |              | · ·  | concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571. |  |  |  |
|          |              | X /s/ ROBERT BRUCE   | x  |  |  |  |
|          |              | ROBERT BRUCE, Debtor 1   | Signature of Debtor 2  |  |  |  |
|          |              | Executed on 07/10/2020   | Executed on  |  |  |  |
|          |              | MM / DD / YYYY   | MM / DD / YYYY   |  |  |  |

| Debtor 1 ROBERT BRUCE   |  |   | Case number (if known)  |  |  |  |  |
|---|--|---|---|--|--|--|--|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. |  | eligibility to procee<br>relief available und<br>the debtor(s) the no | d under Chapter 7, 11, 12<br>der each chapter for which<br>otice required by 11 U.S.C | or 13 of title 11,<br>the person is eli<br>\$ \ \ 342(b) and, in | , United Sta<br>gible. I also<br>n a case in | informed the debtor(s) about tes Code, and have explained the o certify that I have delivered to which § 707(b)(4)(D) applies, e schedules filed with the petition |  |
|   |  |   | er Bokas, Esquire<br>torney for Debtor  |  | Date   | 07/10/2020<br>MM / DD / YYYY   |  |
|   |  | Printed name Christopher I Firm Name 20 West 3rd \$                   | Bokas, Esquire  Bokas Law Office  Street  Street                                      |  |  |  |  |
|   |  | <b>Media</b><br>City  |   |  | PA<br>State                                  | <b>19063</b> ZIP Code  |  |
|   |  | Contact phone   | (610) 352-7100  | Email addr   | ess  |  |  |
|   |  | 21083<br>Bar number   |   | 5  | State  | _  |  |

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| Fill in this information to   | identify you          | r case and this filing:   | 1   |  |  |
|---|-----------------------|---|---|--|--|
| Debtor 1 ROBERT   |                       | BRUCE   |   |  |  |
| First Name  | Middle Nar            | me Last Name  |   |  |  |
| Debtor 2 (Spouse, if filing) First Name   | Middle Nar            | me Last Name  |   |  |  |
| United States Bankruptcy Court  | for the: <b>EASTE</b> | RN DIST. OF PENNSYLVANIA  |   |  |  |
| Case number   |                       |   | Chack   | ten to the con-                                    |  |
| (if known)  |                       |   | _   | if this is an<br>led filing                        |  |
| Official Form 106A/B  |                       |   |   |  |  |
| Schedule A/B: Prope   | rty                   |   |   | 12/15  |  |
|   |                       | Building, Land, or Other Real l   |   | an Interest In                                     |  |
| Yes. Where is the prop  1.1.  103 West Albermarle Avenue  Street address, if available, or other desi | wi<br>e Ch            | /hat is the property?<br>heck all that apply.<br>↑ Single-family home   | Do not deduct secured claims or exemptions. Put th amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |  |  |
|   |                       | <b>-</b>  | Current value of the entire property?   | Current value of the portion you own?              |  |
|   | 19050-1129            | <b>-</b>  | \$206,200.00  | \$206,200.00                                       |  |
|   |                       | Land  | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.                   |  |  |
| <b>DELAWARE</b> County  |                       | Investment property Timeshare Other   | interest (such as fee simp  | ur ownership<br>ble, tenancy by the                |  |
| County  |                       | Timeshare   | interest (such as fee simp  | ur ownership<br>ble, tenancy by the                |  |
| County<br>Owned jointly with former sp  | nniise                | Timeshare Other Tho has an interest in the property? heck one.  | interest (such as fee simple entireties, or a life estate)  Deed  | ur ownership<br>ble, tenancy by the<br>, if known. |  |
| County<br>Owned jointly with former sp  | nniise                | Timeshare Other Tho has an interest in the property? heck one. Debtor 1 only  | interest (such as fee simple entireties, or a life estate)  | ur ownership<br>ble, tenancy by the<br>, if known. |  |
|   | nniise                | Timeshare Other Tho has an interest in the property? heck one.  | interest (such as fee simple entireties, or a life estate)  Deed  Check if this is comm   | ur ownership<br>ble, tenancy by the<br>, if known. |  |
| County<br>Owned jointly with former sp  | nniise                | Timeshare Other The has an interest in the property? heck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | interest (such as fee simple entireties, or a life estate)  Deed  Check if this is comme (see instructions)                                   | ur ownership<br>ble, tenancy by the<br>, if known. |  |
| County<br>Owned jointly with former sp  | pouse, ch             | Timeshare Other The has an interest in the property? heck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | interest (such as fee simple entireties, or a life estate)  Deed  Check if this is comment (see instructions)                                 | ur ownership<br>ble, tenancy by the<br>, if known. |  |

| Debt                         | or 1 <u><b>RO</b></u> | ROBERT BRUCE    |                         |   | Case number (if known)   |   |  |  |
|------------------------------|-----------------------|-----------------|-------------------------|---|--|---|--|--|
| Ра                           | rt 2: D               | escribe         | Your Vehicles           |   |  |   |  |  |
|                              |                       |                 |                         | e interest in any vehicles, whether they<br>e a vehicle, also report it on Schedule G:                        |  |   |  |  |
| 3.                           | Cars, vans,           | , trucks, t     | tractors, sport utility | vehicles, motorcycles   |  |   |  |  |
|                              | □ No<br>☑ Yes         |                 |                         |   |  |   |  |  |
| 3.1.<br>Make<br>Mode<br>Year | el:<br>:              | Sc<br>20        | yundai<br>onata<br>104  | Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Do not deduct secured cla<br>amount of any secured cla<br>Creditors Who Have Clain<br>Current value of the<br>entire property? |   |  |  |
| Appr                         | oximate mile          | eage: <u>10</u> | 0,000                   | At least one of the debtors and ano   | ther <b>\$1,437.00</b>   | \$1,437.00  |  |  |
|                              | -                     |                 | (approx. 10,000         | Check if this is community prope (see instructions)   | rty  |   |  |  |
|                              | Examples: No Yes      | Boats, tra      | ailers, motors, persona | and other recreational vehicles, other al watercraft, fishing vessels, snowmobile                             | es, motorcycle accessories   |   |  |  |
|                              |                       |                 | •                       | own for all of your entries from Part 2, Part 2. Write that number here                                       |  | \$1,437.00  |  |  |
|                              |                       | pages yo        | ou nave attached for    | Fait 2. Write that number here  | 7  |   |  |  |
| Pa                           | rt 3: D               | escribe         | Your Personal           | and Household Items   |  |   |  |  |
| Do y                         | ou own or h           | have any        | legal or equitable in   | terest in any of the following items?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |
|                              | Examples:             | Major app       |                         | ens, china, kitchenware   |  | _   |  |  |
|                              | Yes. De               | escribe         | Furniture               |   |  | \$500.00  |  |  |
|                              | _ N.                  | Televisio       |                         | video, stereo, and digital equipment; con<br>evices including cell phones, cameras, m                         |  | _   |  |  |
|                              | ☐ No<br>✓ Yes. De     | escribe         | Television              |   |  | \$50.00   |  |  |
|                              |                       | Antiques        | and figurines; paintin  | gs, prints, or other artwork; books, picture ollections; other collections, memorabilia                       | -  |   |  |  |
|                              | ✓ No<br>☐ Yes. De     | escribe         |                         |   |  |   |  |  |
|                              | Examples:             | Sports, p       | • .                     | , and other hobby equipment; bicycles, p<br>tools; musical instruments  | ool tables, golf clubs, skis;  |   |  |  |
|                              | ✓ No<br>☐ Yes. De     | escribe         |                         |   |  | ]   |  |  |

| Deb  | tor 1 ROBERT BRU  | CE                              | Case number (if known)   |   |
|------|---|---------------------------------|--|---|
| 10.  | Firearms  Examples: Pistols, rifles,                              | shotguns, ammunition, and       | related equipment  |   |
|      | ✓ No ☐ Yes. Describe  |                                 |  |   |
| 11.  |   | hes, furs, leather coats, desi  | gner wear, shoes, accessories  | •   |
|      | No ✓ Yes. Describe C  | lothing                         |  | \$200.00  |
| 12.  | <b>Jewelry</b> <i>Examples:</i> Everyday jewegold, silver         | elry, costume jewelry, engag    | ement rings, wedding rings, heirloom jewelry, watches, gems,   |   |
|      | No ✓ Yes. Describe W  | atch                            |  | \$50.00   |
| 13.  | Non-farm animals  Examples: Dogs, cats, bi  ✓ No  ☐ Yes. Describe | rds, horses                     |  |   |
| 14.  | Any other personal and did not list                               | household items you did n       | not already list, including any health aids you  | I   |
|      | No Yes. Give specific information                                 |                                 |  |   |
| 15.  |   |                                 | t 3, including any entries for pages you have  | \$800.00  |
| Pá   | art 4: Describe Yo  | our Financial Assets            |  |   |
| Do y | ou own or have any lega   | ıl or equitable interest in aı  | ny of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16.  | Cash Examples: Money you ha petition                              | ve in your wallet, in your hor  | me, in a safe deposit box, and on hand when you file your  |   |
|      | ✓ No ☐ Yes  |                                 | Cash:  |   |
| 17.  |   | uses, and other similar institu | ounts; certificates of deposit; shares in credit unions, utions. If you have multiple accounts with the same |   |
|      | □ No ☑ Yes  | Institution name                | e:   |   |
|      | 17.1. Checking ac   | count: Checking ac              | count  | \$20.00   |

| Deb | tor 1 ROBERT BRUCE  |   | Case number (if known)  |          |
|-----|---|---|---|----------|
| 18. | Bonds, mutual funds, or public  | cly traded stocks                                   |   |          |
|     | Examples: Bond funds, investm   | ent accounts with brokerage firr                    | ns, money market accounts   |          |
|     | ✓ No  YesInst   | itution or issuer name:                             |   |          |
| 19. | Non-publicly traded stock and an interest in an LLC, partners                           |   | unincorporated businesses, including  |          |
|     | ✓ No  Yes. Give specific information about themNan                                      | ne of entity:                                       | % of ownership:   |          |
| 20. | -   | personal checks, cashiers' check                    | non-negotiable instruments<br>ks, promissory notes, and money orders.<br>neone by signing or delivering them. |          |
|     | No     Yes. Give specific information about them Issu                                   | uer name:   |   |          |
| 21. | Retirement or pension accoun<br>Examples: Interests in IRA, ERI<br>profit-sharing plans |   | savings accounts, or other pension or   |          |
|     | ✓ No  Yes. List each account separately. Type   | of account: Institution nar                         | ne:   |          |
| 22. | •   | ts you have made so that you m                      | ay continue service or use from a company es (electric, gas, water), telecommunications                       |          |
|     | No No   | Institution name                                    | pr individual:  |          |
| 23  | Yes  Annuities (A contract for a spe  | Institution name of cific periodic payment of money | to you, either for life or for a number of years)   |          |
| -0. | ✓ No  ☐ Yes Issu  |   | to you, ourself for me of for a named of yourse,  |          |
| 24. | <del>_</del>  | in an account in a qualified AE                     | BLE program, or under a qualified state tuition pro   | ogram.   |
|     | <b>☑</b> No   | . , , ,   | eparately file the records of any interests. 11 U.S.C.  | § 521(c) |
| 25. | Trusts, equitable or future inte<br>powers exercisable for your be                      |   | anything listed in line 1), and rights or   |          |
|     | ✓ No  Yes. Give specific information about them   |   |   |          |
| 26. | Patents, copyrights, trademark Examples: Internet domain name                           | ·   |   |          |
|     | ,<br>☑ No   | ·   |   |          |
|     | Yes. Give specific information about them   |   |   |          |
| 27. | Licenses, franchises, and othe Examples: Building permits, exc                          | _   | sociation holdings, liquor licenses, professional licens  | ses      |
|     | ☑ No  |   |   |          |
|     | Yes. Give specific information about them   |   |   |          |

| Deb | tor 1       | ROBERT BRUCE  | Case number (if known)  |                             |   |
|-----|-------------|---|---|-----------------------------|---|
| Mor | ney or      | property owed to you?   |   |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax r       | efunds owed to you  |   |                             |   |
|     | — al        | es. Give specific information bout them, including whether ou already filed the returns and the tax years |   | Federal<br>State:<br>Local: | :   |
| 29. | Exam        | •   | limony, spousal support, child support, maintenance, divorce settlement,  | , property                  | settlement  |
|     |             | es. Give specific information   | Alimony:  |                             |   |
|     |             |   | Maintenand  | ce:                         |   |
|     |             |   | Support:  |                             |   |
|     |             |   |   | ttlement:                   |   |
|     |             |   |   |                             | :   |
| 30. | Exam        | compensation, Social Se   | u rinsurance payments, disability benefits, sick pay, vacation pay, workers ecurity benefits; unpaid loans you made to someone else | s'                          |   |
| 31. | Exam        | lo les. Name the insurance lompany of each policy   | insurance; health savings account (HSA); credit, homeowner's, or renter' ompany name:  Beneficiary:                                 |                             | nce<br>rrender or refund value:   |
| 32. | If you      | are the beneficiary of a living ed to receive property because  | e you from someone who has died<br>trust, expect proceeds from a life insurance policy, or are currently<br>someone has died        |                             |   |
|     | ب           | es. Give specific information   |   |                             |   |
| 33. | Exam<br>✓ N | ples: Accidents, employment   | ther or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue                      |                             |   |
| 34. | rights      | s to set off claims   | d claims of every nature, including counterclaims of the debtor and   |                             |   |
|     | ☑ Y         | es. Describe each claim   |   |                             |   |
| 35. | Any f       | inancial assets you did not a   | already list  |                             |   |
|     | ☑ N         | es. Give specific information   |   |                             |   |

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| Deb      | tor 1         | ROBERT BE                           | RUCE  |  | Case number (if know       | /n)      |   |
|----------|---------------|-------------------------------------|---|--|----------------------------|----------|---|
| 36.      |               |                                     |   | rom Part 4, including any entries        |                            |          | \$20.00   |
| Pa       | art 5:        | Describe A                          | ny Business-Relat   | ted Property You Own or I                | Have an Interest In.       | List any | real estate in Part 1.  |
| 37.      | Do you        | own or have                         | any legal or equitable  | interest in any business-related         | I property?                |          |   |
|          |               | . Go to Part 6.<br>s. Go to line 38 |   |  |                            |          |   |
| 38       | Accour        | ots receivable                      | or commissions you a  | already earned                           |                            |          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <b>.</b> |               | Its receivable                      | or commissions year   | aneauy cameu                             |                            |          |   |
|          | ✓ No<br>☐ Yes | s. Describe                         |   |  |                            |          |   |
| 39.      |               | <i>les:</i> Business-r              | rnishings, and supplied<br>related computers, softwairs, electronic devices | s<br>ware, modems, printers, copiers, fa | ax machines, rugs, telepho | ones,    | 1   |
|          | ✓ No<br>☐ Yes | s. Describe                         |   |  |                            |          |   |
| 40.      | Machin        | ery, fixtures, d                    | equipment, supplies y   | ou use in business, and tools of         | f your trade               |          |   |
|          | ☑ No<br>□ Yes | s. Describe                         |   |  |                            |          |   |
| 41.      | Invento       | ∍ry                                 |   |  |                            |          | I   |
|          | ✓ No<br>☐ Yes | s. Describe                         |   |  |                            |          |   |
| 42.      | Interes       | ts in partners!                     | hips or joint ventures  |  |                            |          |   |
|          | ✓ No          | 3. Describe                         | . Name of entity:   |  | % of own                   | nership: |   |
| 43.      | Custon        | ner lists, mailir                   | ing lists, or other comp  | pilations                                |                            |          |   |
|          | ✓ No<br>☐ Yes | s. <b>Do your list</b> No Yes. De   |   | dentifiable information (as defin        | ed in 11 U.S.C. § 101(41A  | ))?      | ]   |
| 44.      | Any bu        | siness-related                      | d property you did not  | already list                             |                            |          |   |
|          | ☑ No          | s. Give specific                    | c information.  |  |                            |          |   |
| 45.      |               |                                     |   | rom Part 5, including any entries        |                            | →        | \$0.00  |

| Deb | otor 1        | ROBERT BRUCE Case number (if known)   |   |
|-----|---------------|---|---|
| P   |               | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1. | an Interest In.   |
| 46. | Do yoı        | u own or have any legal or equitable interest in any farm- or commercial fishing-related property?  |   |
|     |               | o. Go to Part 7. es. Go to line 47.   |   |
|     | _             |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a        | animals<br>oles: Livestock, poultry, farm-raised fish   |   |
|     | ✓ No<br>☐ Yes |   | <b></b>   |
| 48. | Crops         | :either growing or harvested  |   |
|     |               | es. Give specific formation   | ]   |
| 49. | Farm a        | and fishing equipment, implements, machinery, fixtures, and tools of trade  |   |
|     | ✓ No<br>☐ Yes |   |   |
| 50. | Farm a        | and fishing supplies, chemicals, and feed   | _   |
|     | ✓ No<br>☐ Yes |   | <b></b>   |
| 51. | Any fa        | arm- and commercial fishing-related property you did not already list   | _   |
|     |               | es. Give specific formation   |   |
| 52. |               | he dollar value of all of your entries from Part 6, including any entries for pages you have<br>ned for Part 6. Write that number here    | \$0.00  |
| P   | art 7:        | Describe All Property You Own or Have an Interest in That You Did Not List Abov   | /e  |
| 53. | -             | u have other property of any kind you did not already list?  bles: Season tickets, country club membership                                |   |
|     | ✓ No<br>☐ Yes | os. Give specific information.  |   |
| 54. | Add th        | ne dollar value of all of your entries from Part 7. Write that number here  | \$0.00  |

| Debtor 1    | ROBERT BRUCE  | Case nu    | ımber (if known)             |   |              |
|-------------|---|------------|------------------------------|---|--------------|
| Part 8:     | List the Totals of Each Part of this Form               |            |                              |   |              |
| 55. Part 1: | Total real estate, line 2                               |            | <b>.</b>                     |   | \$206,200.00 |
| 56. Part 2: | Total vehicles, line 5                                  | \$1,437.00 |                              |   |              |
| 57. Part 3: | Total personal and household items, line 15             | \$800.00   |                              |   |              |
| 58. Part 4: | Total financial assets, line 36                         | \$20.00    |                              |   |              |
| 59. Part 5: | Total business-related property, line 45                | \$0.00     |                              |   |              |
| 60. Part 6: | Total farm- and fishing-related property, line 52       | \$0.00     |                              |   |              |
| 61. Part 7: | Total other property not listed, line 54                | +\$0.00    |                              |   |              |
| 62. Total p | personal property. Add lines 56 through 61              | \$2,257.00 | Copy personal property total | + | \$2,257.00   |
| 63. Total o | of all property on Schedule A/B. Add line 55 + line 62. |            |                              |   | \$208,457.00 |

| Fill in this inf   | ormation to id   | entify your   | case:   |                         |   |   |            |
|--|--|---|---|-------------------------|---|---|------------|
| Debtor 1   | ROBERT   |   | BRUCE   |                         |   |   |            |
| Dahtan 2   | First Name   | Middle Name   | e Last Name   |                         |   |   |            |
| Debtor 2 (Spouse, if filing)   | First Name   | Middle Name   | e Last Name   |                         |   |   |            |
| United States Ba   | nkruptcy Court for   | the: <b>EASTER</b>  | N DIST. OF PENNS  | SYLV                    | ANIA  | ☐ Check if this is an   |            |
| Case number (if known)   |  |   |   |                         |   | amended filing  |            |
| Official Form  | 106C   |   |   |                         |   |   |            |
| Schedule C   | The Prope  | rty You Cl  | aim as Exem <sub>l</sub>  | ot                      |   |   | 04/19      |
| Using the property space is needed, fi write your name an                                | you listed on School<br>ill out and attach to<br>d case number (if<br>property you clain | edule A/B: Proposithis page as makenown).  n as exempt, year          | erty (Official Form 10<br>nany copies of Part<br>ou must specify the                        | 6A/B)<br>2: Adi         | as your source, list ditional Page as no until of the exemption                       | y responsible for supplying correct inf<br>the property that you claim as exemp<br>ecessary. On the top of any additiona<br>on you claim. One way of doing so | t. If more |
| exempted up to the receive certain be exemption of 100° property is determined.          | ne amount of any<br>enefits, and tax-ex<br>% of fair market v<br>nined to exceed t       | applicable stat<br>empt retireme<br>alue under a la<br>hat amount, yo | tutory limit. Some ex<br>nt fundsmay be un<br>nw that limits the exe<br>our exemption would | xemp<br>limite<br>empti | tionssuch as tho<br>d in dollar amount<br>on to a particular c                        | et value of the property being se for health aids, rights to the However, if you claim an dollar amount and the value of the lable statutory amount.          |            |
| Part 1: Ide  | entify the Prop  | erty You Cla  | nim as Exempt   |                         |   |   |            |
| 1. Which set of  | exemptions are y   | ou claiming?  | Check one only,   | even                    | if your spouse is fili  | ing with you.   |            |
|  | claiming state and<br>claiming federal ex  |   | kruptcy exemptions.<br>J.S.C. § 522(b)(2)   | 11 U                    | S.C. § 522(b)(3)  |   |            |
| 2. For any prop  | erty you list on S   | chedule A/B th  | at you claim as exe   | npt, 1                  | ill in the information  | on below.   |            |
| Brief description of Schedule A/B that   |  |   | Current value of the portion you own  |                         | ount of the<br>mption you claim   | Specific laws that allow exemp  | otion      |
|  |  |   | Copy the value from Schedule A/B  |                         | eck only one box for<br>h exemption   |   |            |
| Brief description:<br>103 West Alberr<br>Owned jointly w<br>Rigby.<br>Line from Schedule | rith former spou   | ıse, Edna   | \$206,200.00  |                         | \$25,150.00<br>100% of fair marke<br>value, up to any<br>applicable statutor<br>limit |   |            |
| Brief description:   |  |   | \$1,437.00  | <u> </u>                | \$1,437.00  | 11 U.S.C. § 522(d)(2)   |            |
| 2004 Hyundai Semiles) Line from Schedule   |  | 10,000  |   |                         | 100% of fair marker<br>value, up to any<br>applicable statutor<br>limit               |   |            |
| (Subject to ad   | ljustment on 4/01/2  | 22 and every 3 y  | more than \$170,350<br>years after that for cas   | ses fi                  |   |   |            |

| Debtor 1 ROBERT BRUCE   |  | Case number                                       | (if known)                         |
|---|--|---|------------------------------------|
| Part 2: Additional Page   |  |   |                                    |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim                 | Specific laws that allow exemption |
|   | Copy the value from Schedule A/B           | Check only one box for each exemption             |                                    |
| Brief description:  | \$500.00                                   | \$500.00  | 11 U.S.C. § 522(d)(3)              |
| Furniture   |  | 100% of fair market value, up to any              |                                    |
| Line from Schedule A/B:6  |  | applicable statutory                              |                                    |
| Brief description: Clothing   | \$200.00                                   | \$200.00<br>100% of fair market                   | 11 U.S.C. § 522(d)(3)              |
| Line from Schedule A/B:11   |  | value, up to any applicable statutory limit       |                                    |
| Brief description: Watch  | \$50.00                                    | \$50.00<br>100% of fair market                    | 11 U.S.C. § 522(d)(4)              |
| Line from Schedule A/B:12   |  | value, up to any applicable statutory limit       |                                    |
| Brief description: Checking account   | \$20.00                                    | \$20.00<br>100% of fair market                    | 11 U.S.C. § 522(d)(3)              |
| Line from Schedule A/B: 17.1  |  | value, up to any<br>applicable statutory<br>limit |                                    |

| Fill in this info   | ormation to identi           | fy your case:   |                                       |                              |                    |
|---|------------------------------|---|---------------------------------------|------------------------------|--------------------|
| Debtor 1  | ROBERT<br>First Name         | BRUCE Middle Name Last Name   |                                       |                              |                    |
|   | riist name i                 | viiddie Name Last Name  |                                       |                              |                    |
| Debtor 2<br>(Spouse, if filing)                                     | First Name                   | Middle Name Last Name   |                                       |                              |                    |
| (Opodoc, ii iiiiig)   | riiotranio                   | Madie Name  |                                       |                              |                    |
| United States Bar   | nkruptcy Court for the: I    | EASTERN DIST. OF PENNSYLVA  | NIA                                   |                              |                    |
| Case number   |                              |   |                                       | ☐ Check if this is           | s an               |
| (if known)  |                              |   |                                       | amended filing               |                    |
| Official Form   | 1060                         |   |                                       |                              |                    |
|   |                              | . Have Claims Cassumed b  | Duana anti-                           |                              | 40/45              |
| Schedule D:   | Creditors who                | o Have Claims Secured b   | y Property                            |                              | 12/15              |
| On the top of any and the top of any credit  □ No. Chec □ Yes. Fill | additional pages, write      |   | own).                                 |                              |                    |
| claim, list the   | creditor separately for e    | has more than one secured<br>each claim. If more than one<br>to other creditors in Part 2. As | Column A Amount of claim              | Column B Value of collateral | Column C Unsecured |
|   | ible, list the claims in al  | phabetical order according to the   | Do not deduct the value of collateral | that supports this claim     | portion<br>If any  |
| 2.1   |                              | Describe the property that secures the claim:   | \$47,098.80                           | \$206,200.00                 |                    |
| Santander Creditor's name   |                              | - 103 West Albermarle Avenue  |                                       |                              |                    |
| Mail Code 10-42   | 1-CN2                        | _   |                                       |                              |                    |
| Number Street P. O, 12646   |                              |   |                                       |                              |                    |
|   |                              | As of the date you file, the claim is   | : Check all that apply.               |                              |                    |
|   |                              | Contingent  |                                       |                              |                    |
| Reading<br>City   | PA 19612-2646 State ZIP Code | _   |                                       |                              |                    |
| Who owes the deb  |                              | Disputed  |                                       |                              |                    |
| Debtor 1 only   | Check end                    | Nature of lien. Check all that apply  ☐ An agreement you made (such a                         |                                       | car loan)                    |                    |
| Debtor 2 only   |                              | Statutory lien (such as tax lien, r   | • •                                   | our rouny                    |                    |
| Debtor 1 and D  |                              | ☐ Judgment lien from a lawsuit  | ,                                     |                              |                    |
| _   | the debtors and anothe       | Other (including a right to offset)   | )                                     |                              |                    |
| Check if this c   |                              | Mortgage  |                                       |                              |                    |
| Date debt was inc   | urred                        | Last 4 digits of account number   | 3 6 3 7                               |                              |                    |
| <b>Equity Loan</b>  |                              |   |                                       |                              |                    |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$47,098.80

| Debtor 1   | ROBERT BRUCE  |   | _ Case number (if  | known)  |                                   |  |  |  |
|--|---|---|--|---|-----------------------------------|--|--|--|
| Part 1:  | Additional Page After listing any entries on sequentially from the previous     |   | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |  |
| 2.2 Santander  |   | Describe the property that secures the claim:   | \$8,000.00   | \$8,000.00  |                                   |  |  |  |
| Creditor's name Mail Code Number Str                 | 10-421-CN2<br>reet  | 103 West Albermarle Avenue  |  |   |                                   |  |  |  |
| Reading City Who owes 1                              | PA 19612-2646 State ZIP Code the debt? Check one. 1 only                        | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)                     |  |   |                                   |  |  |  |
| Debtor   | 2 only 1 and Debtor 2 only one of the debtors and another if this claim relates | ☐ Statutory lien (such as tax lien, med) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ Arrearage claim   | echanic's lien)  |   |                                   |  |  |  |
|  | nmunity debt<br>vas incurred Various  | Last 4 digits of account number   | 2 6 2 7  |   |                                   |  |  |  |
| 2.3  Santander Creditor's nam Mail Stop              | ne<br>1290  | Describe the property that secures the claim: 103 West Albermarle Avenue  | \$88,009.48  | \$206,200.00  |                                   |  |  |  |
|  | reet<br>te Drive Ste 360  | As of the date you file, the claim is:  | Check all that apply.  |   |                                   |  |  |  |
| Debtor 2 Debtor 2 Debtor 3 Debtor 3 Debtor 3 Check i | State ZIP Code the debt? Check one. 1 only                                      | Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit ✓ Other (including a right to offset) Mortgage |  | car loan)   |                                   |  |  |  |
| Date debt w  | vas incurred  | Last 4 digits of account number   | 3 2 6 5  |   |                                   |  |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$96,009.48

| Debtor 1 ROBERT BRUCE  | Case number (if known)                        |   |                                   |  |  |  |
|--|---|---|-----------------------------------|--|--|--|
| Additional Page Part 1: After listing any entries on sequentially from the previous  |   | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |  |
| 2.4  | Describe the property that secures the claim: | \$32,216.00   | \$32,216.00                       |  |  |  |
| Santander Creditor's name Mail Stop 1290 Number Street 1 Corporate Drive Ste 360   | 103 West Albermarle Avenue                    |   |                                   |  |  |  |
| Lake Zurich IL 60047-8945 City State ZIP Code  Who owes the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt | Arrearage claim                               | s mortgage or secured<br>echanic's lien)              | car loan)                         |  |  |  |
| Date debt was incurred Various   | Last 4 digits of account number               | 3 2 6 5   |                                   |  |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$175,324.28

\$32,216.00

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|   |   | 416  |  |        |                  |                  |        |  |                             |
|---|---|--|--|--------|------------------|------------------|--------|--|-----------------------------|
| Fill in this inf  | ormation to ide                                   | ntify your c   | ase:   |        |                  |                  |        |  |                             |
| Debtor 1  | ROBERT  | Middle Nieses  | BRUCE  |        |                  |                  |        |  |                             |
|   | First Name  | Middle Name  | Last Name  |        |                  |                  |        |  |                             |
| Debtor 2  | First Name  | Middle Nieses  | LastNama   |        |                  |                  |        |  |                             |
| (Spouse, if filing)   | FIRST Name  | Middle Name  | Last Name  |        |                  |                  |        |  |                             |
| United States Ba  | nkruptcy Court for th                             | e: <b>EASTERN</b>                                    | DIST. OF PENNSYLVANIA  |        |                  |                  |        |  |                             |
| Case number<br>(if known)                                   |   |  |  |        |                  |                  |        | Check if this is a amended filing              | an                          |
| Official Form   | 106E/F  |  |  |        |                  |                  |        |  |                             |
| Schedule E  | F: Creditors                                      | Who Have   | e Unsecured Claims   |        |                  |                  |        |  | 12/15                       |
| Do not include an If more space is not to this page. On the | y creditors with par<br>needed, copy the Pa       | tially secured<br>rt you need, fi<br>onal pages, w   | and on Schedule G: Executory Cor<br>I claims that are listed in Schedule<br>ill it out, number the entries in the I<br>rrite your name and case number (i                | D: C   | redito<br>s on t | ors W<br>the le  | ho H   | old Claims Secur                               | ed by Property.             |
|   | tors have priority u                              |  |  |        |                  |                  |        |  |                             |
|   | to Part 2.  | isecureu ciaii                                       | ns against you:  |        |                  |                  |        |  |                             |
| Yes.  | lo Fail 2.  |  |  |        |                  |                  |        |  |                             |
| claim. For ea<br>show both pri<br>more space is             | ch claim listed, ident<br>ority and nonpriority a | ify what type of<br>amounts. As m<br>unsecured clair | creditor has more than one priority u<br>f claim it is. If a claim has both priori<br>nuch as possible, list the claims in al<br>ms, fill out the Continuation Page of F | ty and | d non<br>etical  | priorit<br>order | y am   | ounts, list that clain<br>rding to the credito | m here and<br>or's name. If |
| (For an explai  | nation of each type o                             | f claim, see the                                     | e instructions for this form in the instr  | uctio  | n boo            | klet.            |        |  |                             |
|   | •   |  |  |        | Total            | clain            | n      | Priority amount                                | Nonpriority amount          |
| 2.1   |   |  |  |        | \$2              | 2,200            | .07    | \$2,200.07                                     | \$0.00                      |
| William T. Smith  |   |  | Look 4 digita of account number  | _      |                  |                  | _      |  |                             |
| Priority Creditor's Nam                                     |   | l Bida   | Last 4 digits of account number  | 1      |                  | _0_              | _0_    |  |                             |
| Number Street   | sdowne Municipa                                   | ii biug  | When was the debt incurred?  |        |                  |                  |        | -  |                             |
| 12 E. Baltimore   | Ave   |  | As of the date you file, the claim i   | s: C   | heck             | all tha          | at app | ly.  |                             |
| -   |   |  | Contingent   |        |                  |                  |        |  |                             |
| Lansdowne   | PA 19   | 050  | ☐ Unliquidated Disputed  |        |                  |                  |        |  |                             |
| City  |   | Code   | <b>—</b> '   |        |                  |                  |        |  |                             |
| Who incurred the Debtor 1 only                              | debt? Check one                                   |  | Type of PRIORITY unsecured claim   | m:     |                  |                  |        |  |                             |
| Debtor 1 only Debtor 2 only                                 |   |  | ☐ Domestic support obligations ☐ Taxes and certain other debts y   | ou o   | we th            | e aov            | ernm   | ent  |                             |
| Debtor 1 and [  | •   |  | Claims for death or personal in  |        |                  |                  |        |  |                             |
| 브 a   | the debtors and and                               |  | intoxicated  |        |                  |                  |        |  |                             |
| ш   | claim is for a comm                               | unity debt   | Other. Specify   |        |                  |                  |        |  |                             |
| Is the claim subje  | CL tO OHSet?                                      |  |  |        |                  |                  |        |  |                             |
| ✓ No<br>Yes   |   |  |  |        |                  |                  |        |  |                             |

| Debtor 1 ROBERT BRUCE  | Case number (if known)   |
|--|--|
| Part 2: List All of Your NONPRIORIT  | Y Unsecured Claims   |
| Yes  4. List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsetype of claim it is. Do not list claims already incl   | claims against you?  Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.  Total claim |
| Nonpriority Creditor's Name  Number Street   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   |

| Debtor 1 | ROBERT BRUCE                                     | Case number (if known) |  |  |  |  |
|----------|--|------------------------|--|--|--|--|
| Part 4:  | Add the Amounts for Each Type of Unsecured Claim |                        |  |  |  |  |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |   |   |              | Total claim |
|--------------------------|---|---|--------------|-------------|
| Total claims             | 6a.   | Domestic support obligations  | 6a.          | \$0.00      |
| nom Part 1               | 6b.   | Taxes and certain other debts you owe the government  | 6b.          | \$2,200.07  |
|                          | 6c.   | Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00      |
|                          | 6d.   | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. <b>+</b> | \$0.00      |
|                          | 6e.   | <b>Total.</b> Add lines 6a through 6d.  | 6d.          | \$2,200.07  |
|                          |   |   |              | Total claim |
| Total claims from Part 2 | 6f.   | Student loans   | 6f.          | \$0.00      |
|                          | 6g.   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.          | \$0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts |   | 6h.          | \$0.00      |
|                          | 6i.   | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. <b>+</b> | \$0.00      |
|                          | 6j.   | <b>Total.</b> Add lines 6f through 6i.  | 6j.          | \$0.00      |

#### Case 20-12971-amc Doc 1 Filed 07/10/20 Entered 07/10/20 16:10:57 Desc Main Document Page 25 of 48

| Fill in this inf             | Fill in this information to identify your case:                              |               |           |  |                     |  |  |
|------------------------------|--|---------------|-----------|--|---------------------|--|--|
| Debtor 1                     | ROBERT   | No. 1 III No. | BRUCE     |  |                     |  |  |
|                              | First Name   | Middle Name   | Last Name |  |                     |  |  |
| Debtor 2 (Spouse, if filing) | First Name   | Middle Name   | Last Name |  |                     |  |  |
|                              |  |               |           |  |                     |  |  |
| United States Ba             | United States Bankruptcy Court for the: <b>EASTERN DIST. OF PENNSYLVANIA</b> |               |           |  |                     |  |  |
| Case number (if known)       |  |               |           |  | Check if this is an |  |  |
| (II KIIOWII)                 |  |               |           |  | amended filing      |  |  |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

|            |   |                        |                  |  | _                  |                         |        |
|------------|---|------------------------|------------------|--|--------------------|-------------------------|--------|
| F          | ll in this info   | ormation to iden       | tify your case:  |  |                    |                         |        |
| De         | btor 1  | ROBERT                 |                  | BRUCE  |                    |                         |        |
|            |   | First Name             | Middle Name      | Last Name  |                    |                         |        |
|            | ebtor 2   | First Name             | NAS-Julia Nilana | L and Marrie   |                    |                         |        |
| (5         | oouse, if filing)   | First Name             | Middle Name      | Last Name  |                    |                         |        |
| Ur         | ited States Bar   | nkruptcy Court for the | EASTERN DIST.    | OF PENNSYLVANIA  |                    |                         |        |
|            | se number   |                        |                  |  |                    | Check if this is an     |        |
| (if        | known)  |                        |                  |  | _                  | amended filing          |        |
|            |   |                        |                  |  | _                  |                         |        |
| Off        | icial Form  | 106H                   |                  |  |                    |                         |        |
|            |   | Your Codebt            | ore              |  |                    |                         | 12/1   |
| <b>3</b> 0 | neuule n.   | Tour Codebi            | OIS              |  |                    |                         | 12/1   |
| two<br>nee | Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) |                        |                  |  |                    |                         |        |
|            | ✓ No<br>☐ Yes   |                        |                  |  |                    |                         |        |
| 2.         |   |                        |                  | y property state or territory<br>ew Mexico, Puerto Rico, Tex |                    |                         |        |
|            | ✓ No. Go to   |                        |                  |  | _                  |                         |        |
|            | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  No Yes   |                        |                  |  |                    |                         |        |
| 3.         |   |                        |                  |  |                    |                         |        |
|            | Column 1:   | Your codebtor          |                  |  | Column 2: The cred | itor to whom you owe th | e debt |

Check all schedules that apply:

| F                        | ill in this inform   | ation to i                               | dentify your case  | <b>:</b>   |                               |                                |   |
|--------------------------|--|--|--|--|-------------------------------|--------------------------------|---|
|                          | Debtor 1   | ROBERT                                   |  | BRUCE  |                               |                                |   |
|                          |  | First Name                               | Middle Name  | e Last Name  |                               | Che                            | ck if this is:  |
|                          | Debtor 2<br>(Spouse, if filing)  | First Name                               | Middle Name  | e Last Name  |                               | —  <b>-</b>                    | An amended filing   |
|                          | United States Bankru   | uptcy Court f                            | for the: <b>EASTERN</b>  | DIST. OF PENNS   | YLVANIA                       |                                | A supplement showing postpetition   |
| 1                        | Case number  |  | -  |  |                               |                                | chapter 13 income as of the following date:   |
|                          | (if known)   |  |  |  |                               |                                | MM / DD / YYYY  |
|                          | fficial Form 10  |  |  |  |                               |                                |   |
| So                       | chedule I: You   | ur Incon                                 | ne   |  |                               |                                | 12/15   |
| res<br>inc<br>abo<br>you | sponsible for supply<br>lude information ab<br>out your spouse. If<br>ur name and case n | ing correct<br>out your sp<br>more space | information. If you a<br>louse. If you are sep<br>e is needed, attach a<br>lown). Answer every | are married and not<br>arated and your spo<br>separate sheet to th | filing jointly<br>ouse is not | y, and your s<br>filing with y | Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write |
| 1.                       | Fill in your employ  | yment                                    |  |  |                               |                                |   |
|                          | If you have more th  | nan one                                  |  | Debtor 1   |                               |                                | Debtor 2 or non-filing spouse   |
|                          | job, attach a separa<br>with information ab  |  | Employment status  | <ul><li>☐ Employed</li><li>✓ Not employ</li></ul>                  | ed                            |                                | ☐ Employed ☐ Not employed   |
|                          | additional employe   |  | Occupation   | Retired  | -                             |                                | _ nerempleyes   |
|                          | Include part-time, s<br>or self-employed w   |  | Employer's name  |  |                               |                                |   |
|                          | Occupation may in  |  | Employer's address   | <b>.</b>   |                               |                                |   |
|                          | student or homema applies.   | aker, if it                              |  | Number Street  |                               |                                | Number Street   |
|                          |  |  |  |  |                               |                                | _   |
|                          |  |  |  |  |                               |                                |   |
|                          |  |  |  | City   | State                         | Zip Code                       | City State Zip Code   |
|                          |  |  | Have land amplessed  | •  | Oldio                         | 2.10 0000                      | Only State Zip Sout   |
|                          | 0' . D   | a da Ula Alba                            | How long employed  |  |                               | _                              | <del></del>   |
|                          |  |  | out Monthly Inco   |  | . ,                           |                                | " <b>*</b>  |
|                          | timate monthly inco<br>n-filing spouse unless  |  | •  | orm. If you have noth  | ning to repor                 | t for any line                 | , write \$0 in the space. Include your  |
| -                        |  | •  | e more than one emplo<br>arate sheet to this forn  | •  | ormation for                  | all employer                   | rs for that person on the lines below. If   |
|                          |  |  |  |  | For [                         | Debtor 1                       | For Debtor 2 or non-filing spouse   |
| 2.                       |  |  | nlary, and commission<br>monthly, calculate wh   |  | 2                             | \$0.00                         |   |
| 3.                       | Estimate and list i  | monthly ove                              | ertime pay.  |  | 3. +                          | \$0.00                         |   |
| 4.                       | Calculate gross in   | icome. Add                               | d line 2 + line 3.   |  | 4.                            | \$0.00                         |   |

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1 ROBERT BRUCE  |                  | Case nur               | nber (if know | /n)         |                         |
|-----|--|------------------|------------------------|---------------|-------------|-------------------------|
|     |  |                  | For Debtor 1           | For Debto     |             |                         |
|     | Copy line 4 here   | <b>4</b> .       | \$0.00                 |               | •           | -                       |
| 5.  | List all payroll deductions:   |                  |                        |               |             |                         |
|     | 5a. Tax, Medicare, and Social Security deductions  | 5a.              | \$0.00                 |               |             |                         |
|     | 5b. Mandatory contributions for retirement plans   | 5b.              | \$0.00                 |               |             |                         |
|     | 5c. Voluntary contributions for retirement plans   | 5c.              | \$0.00                 |               |             |                         |
|     | 5d. Required repayments of retirement fund loans   | 5d.              | \$0.00                 |               |             |                         |
|     | 5e. Insurance  | 5e.              | \$0.00                 |               |             |                         |
|     | 5f. Domestic support obligations   | 5f.              | \$0.00                 |               |             |                         |
|     | 5g. Union dues   | 5g.              | \$0.00                 |               |             |                         |
|     | 5h. Other deductions. Specify:   | 5h.+             | \$0.00                 |               |             |                         |
| 6.  | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .  | 6.               | \$0.00                 |               |             |                         |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4   | . 7.             | \$0.00                 |               |             |                         |
| 8.  | List all other income regularly received:  |                  |                        |               |             |                         |
|     | 8a. Net income from rental property and from operating a business, profession, or farm   | 8a.              | \$0.00                 |               |             |                         |
|     | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |                  |                        |               |             |                         |
|     | 8b. Interest and dividends   | 8b.              | \$0.00                 |               |             |                         |
|     | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.              | \$0.00                 |               |             |                         |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |                  |                        |               |             |                         |
|     | 8d. Unemployment compensation  | 8d.              | \$0.00                 |               |             |                         |
|     | 8e. Social Security  | 8e.              | \$1,000.00             |               |             |                         |
|     | 8f. Other government assistance that you regularly receive   |                  |                        |               |             |                         |
|     | Include cash assistance and the value (if known) or any non-<br>cash assistance that you receive, such as food stamps<br>(benefits under the Supplemental Nutrition Assistance Program)<br>or housing subsidies. |                  |                        |               |             |                         |
|     | Specify:   | 8f.              | \$0.00                 |               |             |                         |
|     | 8g. Pension or retirement income   | —<br>8g.         | \$0.00                 |               |             |                         |
|     | 8h. Other monthly income.  | Ü                |                        |               |             |                         |
|     | Specify: Daughter's Contribution   | 8h. <del> </del> | + <u>\$1,400.00</u>    |               |             |                         |
| 9.  | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h  | . 9.             | \$2,400.00             |               |             |                         |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.              | \$2,400.00             | +             | :           | = \$2,400.00            |
| 11. | State all other regular contributions to the expenses that you list in   |                  | ıle J.                 |               |             |                         |
|     | Include contributions from an unmarried partner, members of your house friends or relatives.   | ehold, y         | our dependents, you    | r roommates   | s, and othe | er                      |
|     | Do not include any amounts already included in lines 2-10 or amounts the   | nat are r        | not available to pay e | expenses list | ed in Sch   |                         |
|     | Specify:   |                  |                        |               | _ 11. •     | +                       |
| 12. | Add the amount in the last column of line 10 to the amount in line 10 income. Write that amount on the Summary of Your Assets and Liabilities  |                  |                        |               | 12.         | \$2,400.00              |
| 12  | if it applies.  Do you expect an increase or decrease within the year after you file   | thic fo          | rm?                    |               |             | Combined monthly income |
| ١٥. |  | . una 10         | :                      |               |             |                         |
|     | ✓ No. None.  Yes. Explain:   |                  |                        |               |             |                         |
|     |  |                  |                        |               |             |                         |

| Fill in this in              | nformation to identify you  | r case:                                 | 01   | I . !£ Al. ! .           |                                 |                               |
|------------------------------|---|---|--|--------------------------|---------------------------------|-------------------------------|
| Debtor 1                     | ROBERT  | BRUG                                    | -  | neck if this<br>1 An ame | ıs:<br>nded filing              |                               |
|                              |   | dle Name Last Na                        |  | A supple                 | ement showing<br>13 expenses as |                               |
| Debtor 2<br>(Spouse, if fili | ing) First Name Midd  | dle Name Last Na                        | ame  | following                | •                               |                               |
| United States                | Bankruptcy Court for the: <b>EAS</b>  | TERN DIST. OF PENI                      | NSYLVANIA                                      | MM / DE                  | ) / YYYY                        | <u> </u>                      |
| Case number                  |   |   |  | IVIIVI / DL              | ,,,,,,,                         |                               |
| (if known)                   |   |   |  |                          |                                 |                               |
| Official Forr                |   |   |  |                          |                                 |                               |
| Schedule J                   | J: Your Expenses  |   |  |                          |                                 | 12/15                         |
| correct informat             | and accurate as possible. If tw tion. If more space is needed, a number (if known). Answer everescribe Your Household | ttach another sheet to t                |  |                          |                                 |                               |
| 1. Is this a join            |   |   |  |                          |                                 |                               |
| ☑ No. Go                     | o to line 2.  Does Debtor 2 live in a separate  No Yes. Debtor 2 must file Officia                                    |   | s for Separate Household                       | of Debtor 2              | 2.                              |                               |
| Do not list D                | pentor 1 and  | ill out this information<br>h dependent | Dependent's relationsh<br>Debtor 1 or Debtor 2 | nip to                   | Dependent's age                 | Does dependent live with you? |
| Debtor 2.                    |   |   |  |                          |                                 | □ No<br>· □ Yes               |
|                              | e the dependents'   |   |  |                          |                                 | ☐ No                          |
| names.                       |   |   |  |                          |                                 | Yes                           |
|                              |   |   |  |                          |                                 | □ No<br>· □ Yes               |
|                              |   |   |  |                          |                                 | □ No                          |
|                              |   |   |  |                          |                                 | Yes                           |
|                              |   |   |  |                          |                                 | □ No<br>· □ Yes               |
| expenses o                   | of needle other than  | No<br>Yes                               |  |                          |                                 | l les                         |
| Part 2: E                    | stimate Your Ongoing Mo   | nthly Expenses                          |  |                          |                                 |                               |
| to report expens             | xpenses as of your bankruptcy<br>ses as of a date after the bankru<br>in the applicable date.                         |   | _  |                          |                                 |                               |
|                              | es paid for with non-cash gover<br>e and have included it on Sched  |   |  |                          | Your expens                     | es                            |
|                              | or home ownership expenses for mortgage payments and any rent   |   |  | 4                        |                                 | \$1,332.99                    |
| If not include               | ded in line 4:  |   |  |                          |                                 |                               |
| 4a. Real es                  | state taxes   |   |  | 4                        | a                               |                               |
| 4b. Proper                   | ty, homeowner's, or renter's insura   | ance                                    |  | 4                        | b                               |                               |
| 4c. Home                     | maintenance, repair, and upkeep   | expenses                                |  | 4                        | c                               |                               |
|                              | owner's association or condominiu   | •                                       |  | 4                        |                                 |                               |

| Deb | tor 1 ROBERT BRUCE  | Case number (if known) |       |
|-----|---|------------------------|-------|
|     |   | Your expenses          |       |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |       |
| 6.  | Utilities:  |                        |       |
|     | 6a. Electricity, heat, natural gas  | 6a <b>\$1</b>          | 00.00 |
|     | 6b. Water, sewer, garbage collection  | 6b <b>\$</b>           | 50.00 |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c <b>\$</b>           | 50.00 |
|     | 6d. Other. Specify:   | 6d                     |       |
| 7.  | Food and housekeeping supplies  | 7. <b>\$2</b>          | 50.00 |
| 8.  | Childcare and children's education costs  | 8.                     |       |
| 9.  | Clothing, laundry, and dry cleaning   | 9. <b>\$</b>           | 10.00 |
| 10. | Personal care products and services   | 10.                    |       |
| 11. | Medical and dental expenses   | 11 <b>\$1</b>          | 00.00 |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    |       |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    |       |
| 14. | Charitable contributions and religious donations  | 14.                    |       |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |       |
|     | 15a. Life insurance   | 15a                    |       |
|     | 15b. Health insurance   | 15b                    |       |
|     | 15c. Vehicle insurance  | 15c                    |       |
|     | 15d. Other insurance. Specify:  | 15d                    |       |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.                    |       |
| 17. | Installment or lease payments:  |                        |       |
|     | 17a. Car payments for Vehicle 1   | 17a.                   |       |
|     | 17b. Car payments for Vehicle 2   | 17b                    |       |
|     | 17c. Other. Specify:  | 17c                    |       |
|     | 17d. Other. Specify:  |                        |       |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    |       |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |       |

| Debtor 1 ROBERT BRUCE Case number (if known |            |   |                 |            |
|---|------------|---|-----------------|------------|
| 20.   |            | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.   |                 |            |
|   | 20a.       | Mortgages on other property   | 20a             |            |
|   | 20b.       | Real estate taxes   | 20b             |            |
|   | 20c.       | Property, homeowner's, or renter's insurance  | 20c             |            |
|   | 20d.       | Maintenance, repair, and upkeep expenses  | 20d             |            |
|   | 20e.       | Homeowner's association or condominium dues   | 20e             |            |
| 21.   | Other      | . Specify:  | 21. +_          |            |
| 22.   | Calcu      | late your monthly expenses.   |                 |            |
|   | 22a.       | Add lines 4 through 21.   | 22a             | \$1,892.99 |
|   | 22b.       | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.  | 22b             |            |
|   | 22c.       | Add line 22a and 22b. The result is your monthly expenses.  | 22c             | \$1,892.99 |
| 23.   | Calcu      | late your monthly net income.   |                 |            |
|   | 23a.       | Copy line 12 (your combined monthly income) from Schedule I.  | 23a             | \$2,400.00 |
|   | 23b.       | Copy your monthly expenses from line 22c above.   | 23b. <b>_</b> _ | \$1,892.99 |
|   | 23c.       | Subtract your monthly expenses from your monthly income. The result is your monthly net income.   | 23c             | \$507.01   |
| 24.   | Do yo      | ou expect an increase or decrease in your expenses within the year after you f  | ile this form?  |            |
|   |            | cample, do you expect to finish paying for your car loan within the year or do you execut to increase or decrease because of a modification to the terms of your mortgage |                 |            |
|   | <b>☑</b> 1 | No.   |                 |            |
|   | □ <i>\</i> | ves. Explain here:  |                 |            |
|   |            | None.   |                 |            |
|   |            |   |                 |            |

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|     | ill in thi            | s information to i         | dentify your case                            | :   |   |                 |   |
|-----|-----------------------|----------------------------|--|---|---|-----------------|---|
|     | ebtor 1               | ROBERT                     | ,,,  | BRUCE   |   |                 |   |
|     |                       | First Name                 | Middle Name                                  | Last Name   |   |                 |   |
|     | ebtor 2<br>Spouse, if | filing) First Name         | Middle Name                                  | Last Name   |   |                 |   |
| l ` | Inited State          | es Bankruptcy Court fo     | r the: <b>EASTERN DIS</b>                    | ST. OF PENNSYLVAN                                     | IIA   |                 |   |
|     | ase numb              |                            | <u> </u>                                     |   |   |                 |   |
| 1 - | f known)              | <u> </u>                   |  |   |   | Check if amende | this is an<br>d filing                      |
| O   | fficial F             | orm 106Sum                 |  |   |   |                 |   |
| Sı  | ummar                 | y of Your Asse             | ets and Liabilit                             | ties and Certain                                      | Statistical Inform  | mation          | 12/15                                       |
| sci | rrect infor           | mation. Fill out all of    | your schedules first;<br>nal forms, you must | then complete the info                                | ether, both are equally ro<br>ormation on this form. If<br>and check the box at the | you are filing  | amended                                     |
|     |                       |                            |  |   |   |                 | <b>Your assets</b><br>Value of what you own |
| 1.  | Schedul               | le A/B: Property (Officia  | l Form 106A/B)                               |   |   |                 |   |
|     | 1a. Co <sub>l</sub>   | py line 55, Total real es  | tate, from Schedule A                        | /B  |   |                 | \$206,200.00                                |
|     | 1b. Cop               | py line 62, Total persor   | al property, from Sche                       | edule A/B   |   |                 | \$2,257.00                                  |
|     | 1c. Co <sub>l</sub>   | py line 63, Total of all p | roperty on Schedule A                        | VB  |   |                 | \$208,457.00                                |
| ŀ   | Part 2:               | Summarize You              | r Liabilities                                |   |   |                 |   |
|     |                       |                            |  |   |   |                 | Your liabilities<br>Amount you owe          |
| 2.  |                       |                            | •  | Property (Official Form f claim, at the bottom of     | 106D)<br>the last page of Part 1 of S   | Schedule D      | \$175,324.28                                |
| 3.  |                       |                            |  | s (Official Form 106E/F)<br>ured claims) from line 6e | of Schedule E/F   |                 | \$2,200.07                                  |
|     | 3b. Cop               | py the total claims from   | Part 2 (nonpriority un                       | secured claims) from line                             | e 6j of Schedule E/F  |                 | ÷ \$0.00                                    |
|     |                       |                            |  |   | Your total  | liabilities     | \$177,524.35                                |
| ı.  | Part 3:               | Summarize You              | r Income and Exr                             | oenses  |   |                 |   |

Schedule I: Your Income (Official Form 106I) \$2,400.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) \$1,892.99 Copy your monthly expenses from line 22c of Schedule J.....

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| Deb | otor 1   | ROBERT BRUCE  | Case number (if known)                                  |
|-----|----------|---|---|
| Ρ   | art 4:   | Answer These Questions for Administrative and Statistic   | cal Records   |
| 6.  | Are yo   | ou filing for bankruptcy under Chapters 7, 11, or 13?   |   |
|     | ш.       | o. You have nothing to report on this part of the form. Check this box and sues   | ubmit this form to the court with your other schedules. |
| 7.  | What k   | kind of debt do you have?   |   |
|     | <u> </u> | our debts are primarily consumer debts. Consumer debts are those "incumily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis   | · · · · · · · · · · · · · · · · · · ·                   |
|     | ш        | our debts are not primarily consumer debts. You have nothing to report o<br>iis form to the court with your other schedules.  | n this part of the form. Check this box and submit      |
| 8.  |          | the <b>Statement of Your Current Monthly Income:</b> Copy your total current monthly Income: Copy your total current monthly Income: I Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | onthly income from \$1,000.00                           |
| 9.  | Copy t   | the following special categories of claims from Part 4, line 6 of Schedule  | E/F:  |
|     |          |   | Total claim   |
|     | From P   | Part 4 on Schedule E/F, copy the following:   |   |

9a. Domestic support obligations. (Copy line 6a.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$2,200.07

\$2,200.07

| Fill in this inf                | ormation to id     | entify your case        | :   |  |    |
|---------------------------------|--------------------|-------------------------|---|--|----|
| Debtor 1                        | ROBERT             |                         | BRUCE   |  |    |
|                                 | First Name         | Middle Name             | Last Name   | _  |    |
| Debtor 2                        |                    |                         |   |  |    |
| (Spouse, if filing)             | First Name         | Middle Name             | Last Name   |  |    |
| United States Bar               | nkruptcy Court for | the: <b>EASTERN DIS</b> | T. OF PENNSYLVANIA  | _  |    |
| Case number                     |                    |                         |   | Charlett History   |    |
| (if known)                      |                    |                         |   | Check if this is an amended filing   |    |
| Official Farms                  | 400D               |                         |   |  |    |
| Official Form                   |                    |                         |   |  |    |
| Declaration                     | About an Ir        | idividual Debt          | or's Schedules  | 12/  | 15 |
| \$250,000, or impri             |                    |                         | , fraud in connection with<br>18 U.S.C. §§ 152, 1341, 151 | a bankruptcy case can result in fines up to 19, and 3571.                                    |    |
|                                 |                    | omeone who is NOT       | an attorney to help you fill                              | out hankruntey forms?  |    |
|                                 | or agree to pay so | onicone who is NO1      | an attorney to help you im                                | out bankruptcy forms:  |    |
| <b>☑</b> No                     |                    |                         |   |  |    |
| Yes. Na                         | ame of person      |                         |   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |    |
|                                 |                    |                         |   | Deciaration, and Signature (Official Form 119)   |    |
| Under penalty<br>true and corre |                    | lare that I have read   | the summary and schedul                                   | les filed with this declaration and that they are  |    |

| X /s/ ROBERT BRUCE                       | X                     |
|--|-----------------------|
| ROBERT BRUCE, Debtor 1                   | Signature of Debtor 2 |
| Date <u>07/10/2020</u><br>MM / DD / YYYY | Date                  |

| Fill in this in                    | nformation to i                               | dentify your case         | :                               |  |         |
|------------------------------------|---|---------------------------|---------------------------------|--|---------|
| Debtor 1                           | ROBERT  |                           | BRUCE                           |  |         |
|                                    | First Name                                    | Middle Name               | Last Name                       |  |         |
| Debtor 2                           | \ <del>=</del> :                              |                           |                                 |  |         |
| (Spouse, if filing                 | g) First Name                                 | Middle Name               | Last Name                       |  |         |
| United States E                    | Bankruptcy Court fo                           | r the: <b>EASTERN DIS</b> | T. OF PENNSYLVAN                | <u>IIA</u>   |         |
| Case number                        |   |                           |                                 | ☐ Check if this is an  |         |
| (if known)                         | -   |                           |                                 | amended filing   |         |
| Official Form                      | m 107   |                           |                                 |  |         |
|                                    |   | Affaina fan Ind           | iriduala Filiaa                 | fan Dankminter   | 0.4/4.0 |
| Statement                          | of Financial                                  | Affairs for ind           | ividuais Filing                 | for Bankruptcy   | 04/19   |
|                                    |   | nown). Answer every       | question.<br>Status and Where \ | ∕ou Lived Before   |         |
| 1. What is you ☐ Married ☑ Not mar |   | status?                   |                                 |  |         |
| 2. During the                      | last 3 years, have                            | you lived anywhere o      | ther than where you li          | ve now?  |         |
| <b>☑</b> No                        |   |                           |                                 |  |         |
| Yes. Li                            | st all of the places                          | you lived in the last 3 y | ears. Do not include wh         | nere you live now.   |         |
| (Community                         | •   | •                         | • .                             | nt in a community property state or territory?  Louisiana, Nevada, New Mexico, Puerto Rico, Texas, |         |
| ✓ No                               | , <u>, , , , , , , , , , , , , , , , , , </u> |                           |                                 |  |         |
| ☐ Yes. M                           | ake sure you fill ou                          | t Schedule H: Your Co     | debtors (Official Form 1        | 06H).  |         |

| Del   | otor 1  | ROBERT BRUCE               |                                      | Case nu  | mber (if known)                      |  |  |  |  |  |  |
|---|---|----------------------------|--------------------------------------|--|--------------------------------------|--|--|--|--|--|--|
| Р   | art 2:  | Explain the Sources of     | Your Income                          |  |                                      |  |  |  |  |  |  |
| 4.  | Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.   |                            |                                      |  |                                      |  |  |  |  |  |  |
|   | ✓ No  Yes. Fill in the details.   |                            |                                      |  |                                      |  |  |  |  |  |  |
| 5.  | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. |                            |                                      |  |                                      |  |  |  |  |  |  |
|   | List each source and the gross income from each source separately. Do not include income that you listed in line 4.   |                            |                                      |  |                                      |  |  |  |  |  |  |
|   | □ No ✓ Yes  | s. Fill in the details.    |                                      |  |                                      |  |  |  |  |  |  |
|   |   |                            | Debtor 1                             |  | Debtor 2                             |  |  |  |  |  |  |
|   |   |                            | Sources of income<br>Describe below. | Gross income<br>from each source<br>(before deductions<br>and exclusions | Sources of income<br>Describe below. | Gross income<br>from each source<br>(before deductions<br>and exclusions |  |  |  |  |  |
| From January 1 of the current year until                            |   |                            | 6,000.00                             |  |                                      |  |  |  |  |  |  |
| the   | date you  | u filed for bankruptcy:    | Social Security                      |  |                                      |  |  |  |  |  |  |
| For the last calendar year: (January 1 to December 31, 2019)        |   | December 31, <b>2019</b> ) | 11,712.00<br>Social Security         |  |                                      |  |  |  |  |  |  |
| For the calendar year before that: (January 1 to December 31, 2018) |   | December 31, <b>2018</b> ) | 11,400.00<br>Social Security         |  |                                      |  |  |  |  |  |  |

| Debtor 1 |                               | ROBERT BRUCE                            |  | Case number (if known)                   |                 |                |                  |
|----------|-------------------------------|---|--|--|-----------------|----------------|------------------|
| P        | art 3:                        | List Certain Paym                       | nents You Made Before You File   | ed for Bankruptcy                        |                 |                |                  |
| 6.       |                               | -                                       | 2's debts primarily consumer debts?  |  |                 |                |                  |
|          | □ No.                         |   | Debtor 2 has primarily consumer deb  |  | defined in 11   | U.S.C. § 101   | 1(8) as          |
|          |                               | During the 90 days be                   | efore you filed for bankruptcy, did you pa   | any creditor a total of \$6              | 3,825* or mor   | e?             |                  |
|          |                               | ☐ No. Go to line 7.                     |  |  |                 |                |                  |
|          |                               | total amount                            | ach creditor to whom you paid a total of \$<br>s you paid that creditor. Do not include pa<br>t and alimony. Also, do not include payn | yments for domestic sup                  | port obligatio  | ons, such as   |                  |
|          |                               | * Subject to adjustme                   | nt on 4/01/22 and every 3 years after tha  | for cases filed on or afte               | er the date of  | adjustment.    |                  |
|          | <b>√</b> Yes                  | . Debtor 1 or Debtor 2                  | or both have primarily consumer deb  | s.                                       |                 |                |                  |
|          | _                             | During the 90 days be                   | efore you filed for bankruptcy, did you pa   | any creditor a total of \$6              | 300 or more?    |                |                  |
|          |                               | No. Go to line 7.                       |  |  |                 |                |                  |
|          |                               | creditor. Do                            | ach creditor to whom you paid a total of \$ not include payments for domestic supp include payments to an attorney for this            | ort obligations, such as c               |                 |                |                  |
|          | corporation agent, in such as | ions of which you are an                |  | ner of 20% or more of the                | eir voting secu | urities; and a | ny managing      |
| 8.       |                               | l year before you filed fed an insider? | for bankruptcy, did you make any payr  | nents or transfer any pr                 | operty on ac    | count of a d   | lebt that        |
|          | Include                       | payments on debts guara                 | anteed or cosigned by an insider.  |  |                 |                |                  |
|          | ✓ No<br>☐ Yes                 | . List all payments that b              | penefited an insider.  |  |                 |                |                  |
| P        | art 4:                        | Identify Legal Act                      | tions, Repossessions, and Fore   | closures                                 |                 |                |                  |
| 9.       | List all s                    |   | for bankruptcy, were you a party in any<br>ersonal injury cases, small claims action<br>utes.  |  |                 |                |                  |
|          | □ No<br>☑ Yes                 | . Fill in the details.                  |  |  |                 |                |                  |
| _        | se title                      |   | Nature of the case   | Court or agency                          | _               |                | itus of the case |
|          |                               | Bank vs. Robert<br>Edna Rigby           | Mortrgage Foreclosure, Judgement against defendants  | Delaware County Court Name               | y Common        | rieas          | —   Pending      |
|          |                               | - ·                                     | entered on 02/21/2020  | Delaware County Courthouse Number Street |                 |                | _                |
| Ca       | se numbe                      | CV-2019-9862                            | _  |  |                 |                | _ Concluded      |
|          |                               |   |  | Media                                    | PA              | 19063          | _                |
|          |                               |   |  | City                                     | State           | ZIP Code       |                  |

| Deb | tor 1         | ROBERT BRUCE  | Case number (if known)                            |
|-----|---------------|---|---|
| 10. | seized,       | 1 year before you filed for bankruptcy, was any of your property repos<br>or levied?<br>all that apply and fill in the details below.         | ssessed, foreclosed, garnished, attached,         |
|     | ست            | . Go to line 11.<br>s. Fill in the information below.   |   |
| 11. |               | 90 days before you filed for bankruptcy, did any creditor, including a l<br>ts from your accounts or refuse to make a payment because you owe | · · · · · · · · · · · · · · · · · · ·             |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |
| 12. |               | 1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?     | e possession of an assignee for the benefit of    |
|     | ✓ No<br>☐ Yes | S   |   |
| Pá  | art 5:        | List Certain Gifts and Contributions  |   |
| 13. | Within        | 2 years before you filed for bankruptcy, did you give any gifts with a t  | otal value of more than \$600 per person?         |
|     | ✓ No<br>☐ Yes | s. Fill in the details for each gift.   |   |
| 14. |               | 2 years before you filed for bankruptcy, did you give any gifts or cont<br>charity?   | ributions with a total value of more than \$600   |
|     | ☑ No<br>□ Yes | s. Fill in the details for each gift or contribution.   |   |
| Pá  | art 6:        | List Certain Losses   |   |
| 15. |               | 1 year before you filed for bankruptcy or since you filed for bankruptc<br>lisaster, or gambling?   | ey, did you lose anything because of theft, fire, |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |

| Debtor 1 ROBERT BRUCE   |                    | Case number (if known)        |                              |                                 |   |                                  |   |                   |
|---|--------------------|-------------------------------|------------------------------|---------------------------------|---|----------------------------------|---|-------------------|
| Part 7: List Certain Payments or  |                    |                               | tain Pa                      | ayments or                      | Transfers   |                                  |   |                   |
| 16. Within 1 year before you filed for bankru anyone you consulted about seeking ba Include any attorneys, bankruptcy petition ☐ No ☐ Yes. Fill in the details. |                    |                               | <b>Ited abo</b><br>⁄s, bankr | ut seeking ba                   | nkruptcy or preparing a bankruptc   | y petition?                      |   |                   |
|   | istophe            | er Bokas<br>Vas Paid          |                              |                                 | Description and value of any property transferred \$3,000.00, which included filing fee   |                                  | Date payment<br>or transfer was<br>made | Amount of payment |
| 20 V<br>Numb  |                    | nird Street<br>eet            |                              |                                 | _   |                                  | 06/26/2020                              | \$3,000.00        |
|   | isyoph             | erbokas@g                     | PA<br>State<br>gmail,c       | 19063<br>ZIP Code               | -   |                                  |   |                   |
|   | Within             |                               | e you fil                    | led for bankru                  | –<br>uptcy, did you or anyone else actin  |                                  |   | perty to          |
|   | Do not i           |                               | oayment                      |                                 | with your creditors or to make pay<br>t you listed on line 16.  | ments to your credit             | ors?                                    |                   |
| 18.   | propert<br>Include | ty transferre<br>both outrigh | ed in the<br>t transfe       | ordinary cou<br>rs and transfer | ruptcy, did you sell, trade, or other<br>rse of your business or financial a<br>s made as security (such as granting<br>have already listed on this statement | ffairs? g of a security interest |   |                   |
|   | ✓ No               | s. Fill in the                | details.                     |                                 |   |                                  |   |                   |
| 19.   | you are No         | -                             | ıry? (⊺                      |                                 | ruptcy, did you transfer any propen called asset-protection devices.)   | erty to a self-settled t         | trust or similar devic                  | ce of which       |

| Del | otor 1              | ROBERT BRUCE Case   | e number (if known)                       |
|-----|---------------------|---|---|
| Р   | art 8:              | List Certain Financial Accounts, Instruments, Safe Deposit I  | Boxes, and Storage Units                  |
| 20. | benefit,<br>Include | n 1 year before you filed for bankruptcy, were any financial accounts or instrufit, closed, sold, moved, or transferred?  de checking, savings, money market, or other financial accounts; certificates of depers, pension funds, cooperatives, associations, and other financial institutions. |   |
|     | ✓ No<br>☐ Yes       | lo<br>es. Fill in the details.  |   |
| 21. | -                   | ou now have, or did you have within 1 year before you filed for bankruptcy, an ecurities, cash, or other valuables?   | y safe deposit box or other depository    |
|     | ☑ No<br>☐ Yes       | lo<br>es. Fill in the details.  |   |
| 22. | ☑ No                | you stored property in a storage unit or place other than your home within 1 your local see. Fill in the details.   | rear before you filed for bankruptcy?     |
| Р   | art 9:              | Identify Property You Hold or Control for Someone Else  |   |
| 23. |                     | ou hold or control any property that someone else owns? Include any propert   | y you borrowed from, are storing for,     |
|     | ✓ No<br>☐ Yes       | lo<br>es. Fill in the details.  |   |
| Р   | art 10:             | Give Details About Environmental Information  |   |
| For | the purp            | rpose of Part 10, the following definitions apply:  |   |
|     | hazardoι            | nmental law means any federal, state, or local statute or regulation concernin<br>ous or toxic substance, wastes, or material into the air, land, soil, surface wat<br>ng statutes or regulations controlling the cleanup of these substances, waste  | er, groundwater, or other medium,         |
|     |                     | eans any location, facility, or property as defined under any environmental lav<br>it or used to own, operate, or utilize it, including disposal sites.   | , whether you now own, operate, or        |
|     |                     | <i>lous material</i> means anything an environmental law defines as a hazardous w<br>nce, hazardous material, pollutant, contaminant, or similar item.  | aste, hazardous substance, toxic          |
| Rep | oort all no         | notices, releases, and proceedings that you know about, regardless of when  | they occurred.                            |
| 24. | Has any<br>law?     | any governmental unit notified you that you may be liable or potentially liable ເ   | under or in violation of an environmental |
| 25. | Have yo             | es. Fill in the details.  you notified any governmental unit of any release of hazardous material?  |   |
|     | ✓ No<br>☐ Yes       | o<br>es. Fill in the details.   |   |

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| Debtor 1         |                                    | ROBERT BRUCE  |   | Case number (if known)   |  |  |  |
|------------------|------------------------------------|---|---|--|--|--|--|
| 26.              | Have yo orders.                    | lave you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and rders.  |   |  |  |  |  |
|                  | ☑ No<br>□ Yes                      | . Fill in the details.  |   |  |  |  |  |
| P                | art 11:                            | Give Details About Your Business  | or Connections to An  | y Business   |  |  |  |
| 27.              | Within 4                           | I years before you filed for bankruptcy, did ss?  | you own a business or have                                      | e any of the following connections to any  |  |  |  |
|                  |                                    | A sole proprietor or self-employed in a trade,<br>A member of a limited liability company (LLC<br>A partner in a partnership<br>An officer, director, or managing executive of<br>An owner of at least 5% of the voting or equi | ) or limited liability partnershi<br>f a corporation            |  |  |  |  |
|                  |                                    | None of the above applies. Go to Part 12.  Check all that apply above and fill in the det   | ails below for each business.                                   |  |  |  |  |
| 28.              |                                    | 2 years before you filed for bankruptcy, did acial institutions, creditors, or other parties.   |   | ent to anyone about your business? Include   |  |  |  |
|                  | □ No<br>□ Yes                      | . Fill in the details below.  |   |  |  |  |  |
| P                | art 12:                            | Sign Below  |   |  |  |  |  |
| tha<br>pro<br>or | t answers<br>operty by<br>both. 18 | he answers on this Statement of Financial As are true and correct. I understand that ma fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.   | aking a false statement, con<br>e can result in fines up to \$2 |  |  |  |  |
|                  |                                    | BRUCE, Debtor 1   | Signature of Debtor 2   |  |  |  |  |
|                  | Date                               | 07/10/2020  | Date  |  |  |  |  |
|                  | <b>I you atta</b><br>No            | ch additional pages to Your Statement of Fi   | nancial Affairs for Individua                                   | ls Filing for Bankruptcy (Official Form 107)?  |  |  |  |
|                  | Yes                                |   |   |  |  |  |  |
| Dic              | l you pay                          | or agree to pay someone who is not an atto  | orney to help you fill out bar                                  | nkruptcy forms?  |  |  |  |
|                  | No<br>Yes. Na                      | me of person  |   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |

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B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

| ln | re ROBERT BRUCE  | Case No.                    |                                 |
|----|--|-----------------------------|---------------------------------|
|    |  | Chapter                     | 13                              |
|    | DISCLOSURE OF COMPENSATION OF  | ATTORNEY FOR                | DEBTOR                          |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the perservices rendered or to be rendered on behalf of the debtor(s) in contents as follows: | etition in bankruptcy, or   | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept  | \$2                         | 2,700.00                        |
|    | Prior to the filing of this statement I have received  |                             | 2,700.00                        |
|    | Balance Due  |                             | \$0.00                          |
| 2. | The source of the compensation paid to me was:  Debtor  Other (specify)  |                             |                                 |
| 3. | The source of compensation to be paid to me is:  |                             |                                 |
|    | ☑ Debtor ☐ Other (specify)   |                             |                                 |
| 4. | ☑ I have not agreed to share the above-disclosed compensation with associates of my law firm.  | h any other person unle     | ss they are members and         |
|    | ☐ I have agreed to share the above-disclosed compensation with an associates of my law firm. A copy of the agreement, together with compensation, is attached.   |                             |                                 |
| 5. | In return for the above-disclosed fee, I have agreed to render legal ser   | rvice for all aspects of th | e bankruptcy case, including:   |
|    | a. Analysis of the debtor's financial situation, and rendering advice to bankruptcy;   | the debtor in determinin    | g whether to file a petition in |
|    | b. Preparation and filing of any petition, schedules, statements of affair   | irs and plan which may l    | pe required;                    |
|    | c. Representation of the debtor at the meeting of creditors and confirm  | nation hearing, and any     | adjourned hearings thereof      |

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|         |           |         |       |     |       |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/10/2020 /s/ Christopher Bokas, Esquire

Date

Christopher Bokas, Esquire
Christopher Bokas Law Office
20 West 3rd Street

Media, PA 19063 Phone: (610) 352-7100 / Fax: (484) 483-1013

Bar No. 21083

/s/ ROBERT BRUCE

ROBERT BRUCE

Edna Rigby 103 West Albermarle Avenue Lansdowne, PA 19050

Santander
Mail Code 10-421-CN2
P. O, 12646
Reading, PA 19612-2646

Santander
Mail Stop 1290
1 Corporate Drive Ste 360
Lake Zurich, Il 60047-8945

William T. Smith, Tax Collector Borough of Lansdowne Municipal Bldg 12 E. Baltimore Ave Lansdowne, PA 19050

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| riii iii uiis iii  | formation to ide   | ntify your case:   |  | Check as  | directed in lines 17 and 21:  |
|--|--|--|--|---|---|
| Debtor 1   | ROBERT   |  | BRUCE  | According to Statement:   | the calculations required by this   |
|  | First Name   | Middle Name  | Last Name  |   |   |
| Debtor 2<br>(Spouse, if filing)  | ) First Name   | Middle Name  | Last Name  |   | ble income is not determined 1 U.S.C. § 1325(b)(3).   |
|  |  | ne: <b>EASTERN DIS</b> T   | Γ. OF PENNSYLVANIA   |   | ble income is determined<br>1 U.S.C. § 1325(b)(3).  |
| Case number  |  |  |  | 3. The cor  | nmitment period is 3 years.   |
| (if known)   |  |  |  | 4. The cor  | nmitment period is 5 years.   |
| Official Form  | n 122C-1   |  |  | Check if t  | his is an amended filing  |
|  |  | Your Current   | t Monthly Income   |   | 12/1  |
|  |  | erage Monthly I  | , write your name and case   | ,   | ·,·   |
| . What is your   | marital and filing s   | tatus? Check one or  | nly.   |   |   |
| ✓ Not man  | ried. Fill out Column  | n A, lines 2-11.   |  |   |   |
| ☐ Married  | . Fill out both Colum  | ıns A and B, lines 2-1   | 11   |   |   |
|  |  | <u> </u>   |  |   |   |
| bankruptcy of August 31. If in the result.   | case. 11 U.S.C. § 1<br>the amount of your in<br>Do not include any in  | 01(10A). For examp<br>monthly income varie<br>ncome amount more  | d from all sources, derived<br>le, if you are filing on Septen<br>ed during the 6 months, add  | mber 15, the 6-mon<br>the income for all 6<br>both spouses own t  | months before you file this th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space. |
| bankruptcy of August 31. If in the result.   | case. 11 U.S.C. § 1<br>the amount of your in<br>Do not include any in  | 01(10A). For examp<br>monthly income varie<br>ncome amount more  | d from all sources, derived<br>le, if you are filing on Septen<br>ed during the 6 months, add<br>than once. For example, if  | mber 15, the 6-mon<br>the income for all 6<br>both spouses own t  | th period would be March 1 through<br>months and divide the total by 6. Fill<br>he same rental property, put the                                |
| bankruptcy of August 31. It in the result. income from   | case. 11 U.S.C. § 1<br>the amount of your<br>Do not include any in<br>that property in one of  | 01(10A). For examp<br>monthly income varie<br>ncome amount more  | d from all sources, derived<br>le, if you are filing on Septer<br>ed during the 6 months, add<br>than once. For example, if<br>ave nothing to report for any   | mber 15, the 6-mon<br>the income for all 6<br>both spouses own to<br>line, write \$0 in the<br>Column A               | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| hankruptcy of August 31. If in the result. income from  Your gross we (before all parts)   | case. 11 U.S.C. § 1<br>the amount of your<br>Do not include any in<br>that property in one of<br>wages, salary, tips,<br>yroll deductions).  | 01(10A). For examp monthly income varie ncome amount more column only. If you h  | d from all sources, derived<br>le, if you are filing on Septer<br>ed during the 6 months, add<br>than once. For example, if<br>ave nothing to report for any   | mber 15, the 6-mon<br>the income for all 6<br>both spouses own to<br>viline, write \$0 in the<br>Column A<br>Debtor 1 | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| August 31. If in the result. income from  Your gross v (before all page). All amounts expenses of regular contri your depended   | vages, salary, tips, yroll deductions).  I maintenance paymer from any source who you or your dependency butions from an unments, parents, and roce  | 01(10A). For examp monthly income varie ncome amount more column only. If you have bonuses, overtime, nents. Do not include hich are regularly padents, including chilarried partner, membranes.   | d from all sources, derived le, if you are filing on Septered during the 6 months, add than once. For example, if have nothing to report for any and commissions  e payments from a spouse.  | mber 15, the 6-mon<br>the income for all 6<br>both spouses own to<br>line, write \$0 in the<br>Column A<br>Debtor 1   | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| August 31. If in the result. income from  Your gross was before all parts. All amounts expenses of regular contrily your dependence spouse. Do not seem to see the second seem to see t | vages, salary, tips, yroll deductions). I maintenance payments, parents, and roce tinclude payments one tinclude payments.   | 01(10A). For examp monthly income varie ncome amount more column only. If you have bonuses, overtime, nents. Do not include hich are regularly padents, including chilarried partner, member members. Do not income the commates. Do not income are supplied to the commates.  | d from all sources, derived le, if you are filing on Septered during the 6 months, add than once. For example, if lave nothing to report for any and commissions  e payments from a spouse.  aid for household ld support. Include pers of your household, elude payments from a | mber 15, the 6-mon the income for all 6 both spouses own to line, write \$0 in the  Column A Debtor 1  \$0.00         | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| August 31. If in the result. income from  2. Your gross was (before all parts). All amounts expenses of regular contril your dependence spouse. Do not see the control of t | vages, salary, tips, yroll deductions). I maintenance payments, parents, and roce tinclude payments one tinclude payments.   | o1(10A). For examp monthly income varies ncome amount more column only. If you have bonuses, overtime, nents. Do not include hich are regularly padents, including chilliarried partner, member partner, member not included by you listed on line 3.  | d from all sources, derived le, if you are filing on Septered during the 6 months, add than once. For example, if lave nothing to report for any and commissions  e payments from a spouse.  aid for household ld support. Include pers of your household, elude payments from a | mber 15, the 6-mon the income for all 6 both spouses own to line, write \$0 in the  Column A Debtor 1  \$0.00         | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| August 31. If in the result. income from  2. Your gross was (before all parts) 3. All amounts expenses of regular contrily your dependence spouse. Do not seem to the control of the contr | vages, salary, tips, yroll deductions). I maintenance paymer from any source who you or your dependent butions from an unments, parents, and room of include payments from operating a butter the same of the same | o1(10A). For examp monthly income varie ncome amount more column only. If you have been been been been been been been be   | d from all sources, derived le, if you are filing on Septered during the 6 months, add than once. For example, if ave nothing to report for any and commissions  e payments from a spouse.  aid for household ld support. Include pers of your household, clude payments from a  | mber 15, the 6-mon the income for all 6 both spouses own to line, write \$0 in the  Column A Debtor 1  \$0.00         | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |
| bankruptcy of August 31. If in the result. income from  2. Your gross of (before all parts) 3. Alimony and sexpenses of regular contri your dependent spouse. Do not the control of the co | vages, salary, tips, yroll deductions). I maintenance paymer from any source who you or your dependent butions from an unments, parents, and room of include payments from operating a butter the same of the same | bonuses, overtime, nents. Do not include thich are regularly particular partner, members are policies, pol | d from all sources, derived le, if you are filing on Septered during the 6 months, add than once. For example, if ave nothing to report for any and commissions  e payments from a spouse.  aid for household ld support. Include pers of your household, clude payments from a  | mber 15, the 6-mon the income for all 6 both spouses own to line, write \$0 in the  Column A Debtor 1  \$0.00         | th period would be March 1 through months and divide the total by 6. Fill he same rental property, put the e space.  Column B Debtor 2 or       |

| Deb | tor 1 | ROBERT BRUCE  |  |                                    | (         | Case number (if I | known)                                 |  |
|-----|-------|---|--|------------------------------------|-----------|-------------------|--|--|
|     |       |   |  |                                    |           | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |  |
| 6.  | Net   | income from rental and other r  | eal property   |                                    |           |                   |  |  |
|     |       |   | Debtor 1   | Debtor 2                           |           |                   |  |  |
|     |       | ss receipts (before all<br>uctions)   | \$0.00   |                                    |           |                   |  |  |
|     |       | nary and necessary operating •  | \$0.00   |                                    | Сору      |                   |  |  |
|     |       | monthly income from rental or<br>r real property  | \$0.00   |                                    | here ->   | \$0.00            |  |  |
| 7.  | Inte  | rest, dividends, and royalties  |  |                                    |           | \$0.00            |  |  |
| 8.  | Une   | mployment compensation  |  |                                    |           | \$0.00            |  |  |
|     |       | not enter the amount if you conte<br>efit under the Social Security Act   |  |                                    |           |                   |  |  |
|     | F     | or you  |  | \$0.0                              | 00        |                   |  |  |
|     | F     | or your spouse  |  |                                    |           |                   |  |  |
| 9.  |       | sion or retirement income. Do a benefit under the Social Secur  | •  | ount received that                 |           | \$0.00            |  |  |
| 10. | or pa | ome from all other sources not<br>ount. Do not include any benefits<br>ayments received as a victim of a<br>ternational or domestic terrorism<br>arate page and put the total below | received under the a war crime, a crime . If necessary, list o             | Social Security A against humanity | ct<br>′,  |                   |  |  |
|     | Soc   | cial Secuirty   |  |                                    |           | \$1,000.00        |  |  |
|     |       | 1   |  |                                    |           |                   |  |  |
| 11  |       | al amounts from separate pages, culate your total average montl   | -  |                                    |           | ·                 | , ——                                   |  |
|     | Add   | lines 2 through 10 for each colu<br>n add the total for Column A to th  | mn.  | В.                                 |           | \$1,000.00        | ]+[]=                                  | \$1,000.00  Total average monthly income |
| P   | art 2 | Determine How to M  | easure Your De   | eductions fron                     | n Incom   | e                 |  | ·  |
| 12. | Cop   | y your total average monthly in   | ncome from line 11   | 1.                                 |           |                   |  | \$1,000.00                               |
| 13. | -     | culate the marital adjustment.  |  |                                    |           |                   |  |  |
|     |       | You are not married. Fill in 0 be<br>You are married and your spous<br>You are married and your spous<br>Fill in the amount of the income<br>of you or your dependents, such        | se is filing with you.<br>se is not filing with y<br>listed in line 11, Co | ou.<br>Dlumn B, that was l         |           |                   |  |  |
|     |       | than you or your dependents.<br>Below, specify the basis for exc<br>necessary, list additional adjust   |  |                                    | income de | evoted to each p  | urpose. If                             |  |
|     |       | If this adjustment does not appl  | y, enter 0 below.  |                                    |           |                   |  |  |
|     |       |   |  |                                    |           |                   |  |  |
|     |       | Total   |  | <b>_</b>                           |           | \$0.00 Cop        | oy here →                              | \$0.00                                   |
| 14. | You   | r current monthly income. Sul   | otract the total in line   | e 13 from line 12.                 |           |                   |  | \$1,000.00                               |

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| Deb | otor 1 | ROBERT BRUCE |  | Case number (if known)         |                                       |       |          |
|-----|--------|--------------|--|--------------------------------|---------------------------------------|-------|----------|
| 15. | Calc   | ulate        | your current monthly income for the year.  | Follow these steps:            |                                       |       |          |
|     | 15a.   | Cop          | by line 14 here 😝  |                                |                                       | \$    | 1,000.00 |
|     |        | Mu           | Itiply line 15a by 12 (the number of months in a   | a year).                       |                                       | X     | 12       |
|     | 15b.   | The          | e result is your current monthly income for the  | year for this part of the form |                                       | \$1   | 2,000.00 |
| 16. | Calc   | ulate        | the median family income that applies to yo  | ou. Follow these steps:        |                                       |       |          |
|     | 16a.   | Fill         | in the state in which you live.  | Pennsylvania                   |                                       |       |          |
|     | 16b.   | Fill         | in the number of people in your household.   | 1                              | _                                     |       |          |
|     | 16c.   | То           | in the median family income for your state and<br>find a list of applicable median income amoun<br>tructions for this form. This list may also be av | ts, go online using the link s | specified in the separate             | \$5   | 5,117.00 |
| 17. | How    | do ti        | ne lines compare?  |                                |                                       |       |          |
|     | 17a.   |              | Line 15b is less than or equal to line 16c. Of under 11 U.S.C. § 1325(b)(3). Go to Part 3.   |                                | •                                     |       |          |
|     | 17b.   |              | Line 15b is more than line 16c. On the top of 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill On line 39 of that form, copy your current more          | out Calculation of Your D      | Disposable Income (Official Form 122C |       | r        |
| Р   | art 3: |              | Calculate Your Commitment Period   | Under 11 U.S.C. § 13           | 325(b)(4)                             |       |          |
| 18. | Copy   | / you        | r total average monthly income from line 11  |                                |                                       | \$    | 1,000.00 |
| 19. | that o | calcul       | ne marital adjustment if it applies. If you are lating the commitment period under 11 U.S.C. opy the amount from line 13.                            |                                |                                       |       |          |
|     | 19a.   | If th        | ne marital adjustment does not apply, fill in 0 o  | n line 19a                     | -                                     |       | \$0.00   |
|     | 19b.   | Sul          | otract line 19a from line 18.  |                                |                                       | \$    | 1,000.00 |
| 20. | Calc   | ulate        | your current monthly income for the year.  | Follow these steps:            |                                       |       |          |
|     | 20a.   | Co           | by line 19b  |                                |                                       | \$    | 1,000.00 |
|     |        | Mu           | Itiply by 12 (the number of months in a year).   |                                |                                       | X     | 12       |
|     | 20b.   | The          | e result is your current monthly income for the  | year for this part of the form |                                       | \$1   | 2,000.00 |
|     | 20c.   | Cop          | by the median family income for your state and   | size of household from line    | ∍ 16c                                 | . \$5 | 5,117.00 |
| 21. | How    | do tl        | ne lines compare?  |                                |                                       |       |          |
|     |        |              | 20b is less than line 20c. Unless otherwise ork box 3, <i>The commitment period is 3 years</i> . G   |                                | op of page 1 of this form,            |       |          |
|     |        |              | 20b is more than or equal to line 20c. Unless s form, check box 4. <i>The commitment period is</i>   |                                | urt, on the top of page 1             |       |          |

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| Debtor 1     | ROBERT BRUCE                                     | Case number (if known)  |
|--------------|--|---|
| Part 4:      | Sign Below                                       |   |
| By sigr      | ning here, under penalty of perjury I declare th | nat the information on this statement and in any attachments is true and correct. |
| <b>X</b> /s/ | ROBERT BRUCE                                     | X   |
| RO           | BERT BRUCE, Debtor 1                             | Signature of Debtor 2   |
| Dat          | te 7/10/2020                                     | Date  |
|              | MM / DD / YYYY                                   | MM / DD / YYYY  |

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.